

## Appendix B

### **Quality Service Review Written Case Summary**

#### **Case # 1**

**Review Dates:** January 14-15, 2008

**Placement:** Pre-adoptive home

**Persons interviewed (8):** Social worker, youth, pre-adoptive mother, tutor, therapist, mentor, AAG, mental health case manager

### **CHILD & PARENT STATUS SUMMARY**

#### **Family History**

The focus youth is a 14-year-old African-American female with the goal of adoption, who has eight brothers and sisters. Her family came to the attention of CFSA in 1996, due to the mother's substance abuse and inability to parent her children. After four years in just one foster care placement, the focus youth was reunified with her mother under protective supervision for two years. In 2003, the focus youth and her siblings were removed from their mother's care again. Since this second removal, this youth and her younger sister have lived in the same pre-adoptive home. Her goal was changed to adoption in 2004. Four older siblings remain in care. The youth's father is deceased.

#### **Child's Current Status**

The focus youth is safe in her current placement; the pre-adoptive parent ensures she is not unsupervised during afternoons and evenings. She has lived in the same home for the past four years, though it is almost certain she will be moving in the next few months. She is unlikely to achieve permanence in the near future, as her pre-adoptive mother has very recently decided not to go forward with the adoption. There was an adoption show cause trial four months before this review. The judge ruled in favor of the pre-adoptive parent, and the therapist recommended that visits between the youth and her siblings and mother be suspended. The judge agreed and ordered they not have contact. Shortly after the show cause trial and the suspension of family visits, it was reported that the youth's sisters were encouraging her and her younger sister to misbehave, telling them that doing so will allow them to be returned to their mother. The youth and her sister would call their older sisters late at night, without the pre-adoptive parent's knowledge. During this time, the sister who lives with their mother reportedly picked up the focus youth from school twice and drove her home. After the pre-adoptive parent stated she did not want to adopt the youth, the youth said she did not want to live in the home anymore. She said that she would like to go home with her mother or live in a group home with her older sisters. The reasons she gave for not wanting to remain in her current placement are that she cannot have a boyfriend, talk on the phone, or spend the night at friends' houses, and that she does not want to have to do chores.

The focus youth is healthy, although there is concern that she may have fetal alcohol syndrome. She is scheduled for genetic testing to determine this. She is up-to-date on her regular dental and

physical appointments. The youth is in the 8<sup>th</sup> grade and will be entering high school this fall. Her IQ is 86, and her grades are average (B's and C's) in her special education program in a regular education school. Team members are satisfied with the school placement. The youth receives weekly group therapy at school. At the IEP update meeting two months ago, it was discussed that she may be able to be mainstreamed by the time she graduates. She receives tutoring, which seems to have helped her grades, although she sometimes tries to avoid participating. Her behavior in school is usually appropriate, although it is more concerning in the pre-adoptive home. She resists doing chores and has been disrespectful to the pre-adoptive parent, often at the instigation of one of her sisters.

The focus youth reports she would like to be allowed to have a boyfriend, and she was described as being a follower. While there are no current concerns because of the high level of supervision she receives, interviewees were concerned that in a less structured placement the youth is at risk of becoming pregnant. Her self-esteem was described as low, and her mentor, who she has had for one year, and therapist, who she has had for at least three years, reported that they are addressing that issue with her. The youth has diagnoses of ADHD and general anxiety disorder, for which she takes medications. She has a history of inappropriate sexual behavior with her sister and possibly her brother, and her therapist specializes in this area. The youth has not always been appropriate with her hygiene, but multiple team members have been working with her on this, and it seems to have improved. Interviewees expressed concern at the youth's ability to make responsible decisions.

When asked what she would want if she could have three wishes, the youth said she would like to live with her mother, see her sisters, and have a good job someday, perhaps helping children.

### **Parent Status**

The birth mother has a history of substance abuse but reports being sober for three years. She reportedly made poor parenting judgments and did not set firm limits with her children, who became used to doing as they pleased.

Visits with the biological mother were suspended three months ago because her rights were waived after the adoption show cause trial. The focus youth's behavior consistently deteriorated after visits with her mother and siblings, so her therapist recommended that contact with them be suspended in order to move forward with the adoption. The mother was scheduled for an interview but did not answer the phone when called and did not return a message.

The youth's 16-year old sister recently had a baby and was reunified with their mother because the judge did not want her to go to another foster care placement after her previous one disrupted.

### **Caregiver Status**

The pre-adoptive parent provides for the youth's physical needs. The youth is reportedly always well-dressed, and this was observed during the interview as well. The pre-adoptive parent was not described as being as emotionally supportive as team members would like. She was observed speaking negatively about the youth's academic abilities and behavior in front of the youth during the QSR interview. The punishments she gives the youth were reportedly harsh

(being on restriction for weeks at a time), and her threshold for poor behavior was not in keeping with a realistic assessment of the youth's abilities or her predictable response to having family visits suspended. The child is not allowed to talk on the phone, and the pre-adoptive parent did not like the tutor or mentor to take the youth out while she was on punishment, even if the youth was being rewarded for an academic success and the punishment related to behavior in the home. The pre-adoptive parent reportedly did not return the tutor's phone calls and did not communicate with the therapist when asked, although she reported a good relationship with the social worker.

The pre-adoptive parent petitioned to adopt the youth and her sister after they had been living with her for approximately two years. She quickly rescinded it, and the children were going to move in with the foster parents of one of their sisters. This did not occur, and the pre-adoptive parent decided to have the children stay with her. She filed a second petition a year ago. The adoption show cause trial ended three months ago and the judge ruled that the mother's rights would be waived. The team asked the pre-adoptive parent to attend grief and loss training to prepare herself for the struggles the focus youth and her sister would go through once they found out family visits were being suspended. Team members worked on a plan for how the pre-adoptive parent would share this information with the girls, but she did not follow it and instead told the girls without consulting the therapist, as asked. The girls' behavior escalated after visits with their family were cut off, and despite rejecting the offer of in-home supportive services, the pre-adoptive parent said she did not want to continue with the adoption. At the time of the review, she said the girls did not want to be adopted or live with her anymore, so she did not want to force them to stay. She has not yet rescinded her adoption petition, although she has told the social worker she does not want to continue to care for the youth and her sister. She fluctuates regarding when she would like them to be removed, ranging from six weeks to the end of the school year.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The youth has been engaged to the extent appropriate, according to her abilities. The social worker and other team members have always been clear with the youth that she will not be going home with her mother. During the period reviewed by the QSR, it has not been appropriate for the team to include the mother in planning, as her rights were waived for the adoption, and visits were terminated. The social worker has been in touch with team members to inform them of the focus youth's behavior issues and the pre-adoptive parent's decision not to adopt. The youth's educational, mental health, and behavioral needs have been thoroughly assessed, and the appropriate services have been implemented. The youth has a tutor, mentor, DMH case manager, therapist, and psychiatrist. The GAL reportedly calls and visits the youth and is very involved in the case.

The social worker has periodically met with various service providers to deal with situations. When the youth was avoiding tutoring, the social worker met with the after school program coordinator, tutor, and focus youth to set up tutoring at the school, rather than in the home. This allows the tutor to be in continuous communication with school staff to talk about the youth's academic needs and her current assignments. The social worker has teamed with the DMH case

manager during home visits to talk to the youth about her behavior, as well as her permanency goal. The social worker met with the therapist to plan how to communicate with the youth that family visits had been suspended. When the youth's sister was picking her up from school without permission, the social worker spoke with the sister's social worker to address the issue.

A clinical staffing has been court ordered to address the focus youth's placement and permanency situation. It is likely that team members will recommend the youth be moved to a therapeutic foster home because of her needs and those of her sister. The team will also consider how to work with the mother, as the social worker was given the discretion at the court hearing right before the QSR to begin family visits again. There is concern that the judge may order the youth to return home with her mother because of a reluctance to place her in another foster home. As the team is in opposition to the youth returning home at this time,, they report hope that a successful clinical staffing that results in a plan for the youth will prevent this ruling.

The youth and foster parent reported that the medications she takes for ADHD and general anxiety disorder are helpful and that any necessary changes are made in a timely manner. The youth sees the psychiatrist once a month, and the DMH case manager reports sharing information with the doctor.

### **What's Not Working Now and Why**

Communication and teaming among service providers could be increased. While everyone is updated when the youth's situation changes, there is not a cohesive team that meets and plans regularly. With the impending placement change, it will be important for all team members to be on the same page about plans, as a placement change could disrupt services. Reportedly, the youth will be terminating with her therapist because the issues they were working on are no longer present, and the therapist is outside the provider network. She will switch to a new therapist, although not everyone on the team is aware of this.

Permanency is the biggest concern at present. The youth has been in the system for eleven years, and the permanent placement her team was working towards is very likely to end in the near future. The youth is now 14 and must consent to an adoption, and at present she reports not wanting to be adopted because of concerns she will never see her family.

At the most recent court hearing, right before the QSR, the judge gave the social worker the discretion to begin supervised family visits again. This is an issue that could become concerning, depending on how the youth and family members respond to seeing each other again.

### **Stability of Findings/Six-Month Prognosis**

Because the youth is likely to experience the disruption of the placement in which she has been living for almost five years, her situation is likely to decline. If her next placement is committed to her and can weather the likely behavioral issues, the youth may be able to stabilize again.

### **Next Steps**

1. Hold the clinical staffing with all team members present, and create a placement plan for the youth. Ensure all service providers are aware of any placement change so that there is continuity of services.
2. Contract with the pre-adoptive parent regarding how much longer the youth will be in the home.
3. Refer youth for therapeutic placement.
4. Re-refer youth for adoption. Explore maternal and paternal relatives as possible kinship placements.
5. The team should work with the mother and other relevant supports to decide how and when to reinstate family visits.

### **60-day Follow-up**

1. A clinical staffing request was made three weeks after the review. The social worker was asked to provide more details and will turn in the updated referral in the very near future. It is anticipated the staffing will be held within a week or two of the referral being re-submitted.
2. The foster parent has committed to allowing the youth and her sister to remain in the home until the end of the school year. Thus far, the placement has remained stable. The youth and her sister do not know yet that they will be moving, as it is likely this would cause behavioral problems, but they do know they are not being adopted.
3. The child will be presented at the next therapeutic vendors' meeting.
4. While the ultimate decision is dependent on the outcome of the clinical staffing, the team does not currently plan to re-refer the youth for another adoptive placement. They will instead work towards a long-term goal of reunification with the mother, who now has had two of her children returned to her.
5. The social worker has not been in touch with the mother but plans to reinstate visits once the youth and her sister have moved to their next placement.

## Quality Services Review Case Summary

### Case # 2

**Review Dates:** January 16-17, 2008

**Placement:** Teen mother ILP

**Persons interviewed(7):** Social worker, youth, mother, GAL, AAG, ILP case manager, former ILP case manager

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus youth is a 20-year-old African-American female with a 23-month old son. She lives in an apartment with a roommate in a teen mother independent living program (ILP). The youth's family has been known to the child welfare system for many years. There was an in-home case open from 1993 – 1999, but it is unclear what the issues were that the family was working on. A second in-home case was open for eight months in 2004 because of issues between the mother and one of her sons. At the time of case closure, the focus youth was reportedly living with her boyfriend and his family, and her mother had reluctantly accepted this. A month after this case was closed, the focus child was removed because her mother said she was a negative influence on her three younger brothers and was not allowed to return to the home. The youth has had nine placements in the past three years, two of them short-term unpaid placements (with her mother and with a family friend) because the agency could not find a licensed placement.

The youth has two older brothers, one older sister, and three younger brothers. She visits them on her own and names her sister as a strong support for her. She is very invested in the success of her younger brothers and spends time with them often. Her father is not involved in her life. She knows who and where he is but chooses not to interact with him, as he has not pursued a relationship with her. She is in contact with her paternal grandmother, though.

#### Child's Current Status

The youth is reportedly safe in her apartment. She is not known to stay out late or associate with questionable friends. Her social worker and case manager visit her at her apartment twice a month each, and neither report concerns. The youth has not been stable in her placements. She has a history of not following rules and absconding to be with the father or her baby. She had been in her previous placement for over a year, but the program closed three months ago, and she had to move. The youth anticipates moving again once she finds a job; at this time she will be eligible to move into her own apartment, one that she can continue to live in once she emancipates.

The youth is generally physically healthy, although she is overweight and smokes (not in the presence of her son). She makes all of her own appointments and is up-to-date. She is on birth control. She has been told she needs braces, but her dentist has yet to complete and submit the appropriate paperwork for them to be paid for. The youth reportedly has a bad temper and

completed an anger management class over a year ago. Interviewees described the progress she has made in this area, and the youth was very polite and respectful during her interview. The youth and team members reported she and her roommate are currently having some disagreements because the roommate does not keep the apartment as clean as the youth would like. So far, the youth has not given in to her temper; instead, she has called her former case manager to talk about the situation and has followed the advice she was given to prevent the situation from escalating.

The youth has her GED and completed training to become a home health aide. She was scheduled to attend an orientation the day after her interview and should begin working soon. She would like to attend college and has identified one with daycare that she plans to apply for in order to attend in the fall. The youth has a solid work history, working at places such as department stores, and is considering what career path she wants to pursue. It is important to her to be in a field that pays well and has many available jobs. While the youth has goals for herself, some interviewees wondered if she believes strongly in her own abilities. She chose not to continue her training and become a certified nursing assistant, and one team member posited that it is because she was unsure she would pass.

The youth is described as an excellent parent. She spends a great deal of time with her son and ensures he eats healthy food and plays with educational toys. She shops for clothing when it is on sale and therefore is ready when her son moves to the next size. The youth is reportedly an excellent advocate for herself, and the team members believe she will continue to be able to get her needs met once she emancipates. Her apartment is clean and well-stocked with food. She has a savings account and a credit card that she uses responsibly. The youth has her drivers license and would like to purchase a car once she has saved enough money.

One interviewee reported concerns that the youth is using marijuana and often yells at her son. All other interviewees reported the youth has made progress in appropriately dealing with her anger (calling her former case manager, not allowing her son to see her when she is upset), and none have seen any signs of drug use. One interviewee reported that the youth has said she would be willing to take a drug test to prove she does not use drugs.

The baby's father is a constant presence in his life. While the status of his relationship with the focus youth is unclear, he reportedly eats dinner with them as a family, cares for the child as needed, and is an appropriate parent. His mother is a support as well, and the youth can call on them when she needs assistance. The youth reportedly pushes the baby's father to get his GED and a job and does not want to be in a relationship with him until he gets himself together.

### **Parent Status**

The youth's mother remains involved in her life but was adamant about not wanting to reunify with her. She frequently baby-sits her grandson and provides transportation for the focus youth. The youth acknowledges her as a support, and reportedly their relationship has improved over the years. The mother has attended team meetings, although she has not attended court since the first hearing.

### **Caregiver Status**

The case manager for the ILP visits the youth twice a month in her apartment and sees the youth when she attends life skills classes. She reports having a good relationship with the youth, as she was briefly her child welfare social worker. The case manager attends court hearings, administrative reviews, and team meetings. She is in regular phone and email contact with the social worker and has been trying to get in touch with the Collaborative worker. She has observed the youth with her son, as well as with the baby's father, and reports they are both excellent parents and that the baby is doing well.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The youth is engaged with her service providers, with the exception of her GAL. The social worker is building a relationship with the youth and is able to offer her experiences as a parent as a way to connect and coach. The social worker has not worked with teens before and is learning about services and policies as issues arise. For example, she was unaware of the requirement for emancipation meetings to begin the month before the youth turns 20. The social worker received the case the month the youth turned 20, so the deadline had already passed, but she scheduled a meeting as soon as she learned about the requirement. The youth did not attend the meeting, but the social worker plans to schedule the next meeting in the very near future. The meeting will include her supervisor, the youth, the mother, GAL, Collaborative social worker, any appropriate Center of Keys for Life (CKL) staff, and any other supports the youth wishes to attend, such as the baby's father and his mother. The social worker has made connections with staff in CKL and is working with them to ensure the youth can get financial assistance to attend college. She has also met the mother and one of the youth's younger brothers.

Team members consistently described the youth's strengths and challenges and seem to have a realistic assessment of her abilities. They and the youth have identified goals that must be achieved in the next nine months, and they are on track to meet them. The youth will be employed, find an apartment, continue to care for her son, and apply for college in the fall. The youth anticipates her case manager will work with her to find an apartment, but she knows the Collaborative can assist her as well.

The youth spends a great deal of time with her mother and siblings, and she is also in regular contact with a previous ILP case manager, who now acts as an informal mentor. These supports will continue after the youth emancipates. The youth is aware of the services the Collaboratives provide and anticipates working with them for as long as necessary.

### **What's Not Working Now and Why**

All of the service providers are new (within the past few months), namely the social worker, GAL, AAG, and case manager. The youth suggested the team could benefit from increased communication. At the time of the review, the Collaborative worker had been assigned but had not made substantive contact with any of the team members. The youth did not attend the first emancipation meeting, so the team was not able to make plans when they last gathered.

**Stability of Findings/Six-Month Prognosis**

The youth is about to begin a new job and is motivated to find an apartment of her own. With her team solidifying as well, it is expected her status will improve in the next six months.

**Next Steps**

1. Schedule and hold the next emancipation meeting with all team members.
2. Ensure the youth is connected to her Collaborative worker.
3. Follow up with the youth's dentist to ensure the paperwork for her braces is sent to the right place.
4. Offer assistance to the youth to fill out her college application.

**60-day Follow-up**

1. An emancipation meeting was held within a month of the QSR. The Collaborative worker, social worker, and ILP worker were in attendance, along with the youth. They discussed the youth's employment, housing options, and assistance she will receive from the Collaborative.
2. The youth has been connected to a Collaborative worker.
3. After a lengthy search and challenges in getting OCP staff to respond, the social worker identified an orthodontist who takes Medicaid and has passed the information to the youth and her ILP case manager so the youth can make an appointment.
4. The social worker has inquired with the youth about assisting her with her college application, but she has not heard back.

## Quality Service Review Case Summary

### Case # 3

**Review Dates:** January 14-15, 2008

**Placement:** Foster home

**Persons Interviewed (12):** social worker, supervisory social worker, caretaker, birth mother and father, family therapist, adoptions therapist, school guidance counselor, tutor, adoption recruiter, GAL, and AAG.

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is a 15-year-old African-American female. She is currently placed in a foster home in Maryland. The focus child became known to CFSA in April 1995 when it was reported that the parents were feeding whole milk to their four-month-old child. The investigation determined that the focus child and her two siblings had poor hygiene and the parents had poor survival skills. Services were provided to the family; however, one year later, it was reported that the parents were not compliant with the services and the home was in a deplorable state.

The focus child's mother and father are minimally involved in the case. The child has a younger brother by two years and a younger sister by five years. The children were removed from their parents' care in May 1996 and were placed with their paternal grandmother. The children were removed again in August 1997 after mounting concerns about their well-being in their grandmother's care. They were then placed in a foster home and, in January 1998, they were placed with their maternal aunt and uncle. The children's goal changed from reunification to adoption in 1999. The aunt and uncle divorced and were unwilling to adopt all three of the children. In 2002, the children were placed in a foster home together, and in 2004 they were placed at their current foster/pre-adoptive home. The parents report that there are no other relative resources available at this time.

The focus child reports that she is willing to be adopted by her current foster parents but is not interested in adoption by anyone else. The current foster parents stated that they were previously interested in adopting all three children, but at this time they are only willing to adopt the youngest child in the sibling group. The children currently live together and are awaiting a new foster care/pre-adoptive placement.

#### Child's Current Status

The focus child is in a safe and stable placement, but the prospects for permanency are poor. She will remain in her current foster home until a new foster/pre-adoptive home can be found for her and her two younger siblings.

The focus child attends ninth grade and is participating in special education services. She has a current IEP. It was noted that the focus child is performing at a below average academic level, and she struggles with organization skills and completing homework assignments. The focus

child receives tutoring services twice a week for an hour and a half. Several of the team members mentioned that the child may have mild mental retardation.

The focus child is receiving individual therapy twice a month. The child and her siblings also receive family therapy twice a month with a therapist from the Center for Adoptions and Support Education (C.A.S.E). The child does not have any mental health diagnoses and has not been prescribed any medication at this time. The child is healthy and has had current medical, dental, and ophthalmology appointments.

The child has stated to several members of the team that she would like to graduate from high school and then take care of her parents. She has not specified other goals post high school to any members of the team. She has reported, however, that she is interested in cosmetology.

### **Parent and Caregiver's Current Status**

The birth mother and father reside together in. They reported that they attend supervised visitation with their children for one hour once a month at CFSA. They stated that they would like to have the opportunity to speak with the children by phone once a week and to have either an additional hour for visits or two visits per month.

The foster parents reside in Maryland, and they have a current foster care license. The foster mother is not employed, but the foster father reportedly works long hours throughout the week. The foster mother is the primary contact for the service professionals regarding the focus child. The foster parents have adult children, who periodically visit their home, and who reportedly have positive relationships with the child and her siblings. The foster parents receive respite services for the child and her siblings several times a year, usually for the duration of a weekend.

### **Factors Contributing to Favorable Status**

The child is healthy and is receiving an array of consistent services that address her academic and emotional needs. She is attending school regularly and is receiving special education services. The child is in a stable placement with her two siblings with whom, it was reported, she has a strong and poignant bond. The child has contact with her birth parents through supervised visits once a month.

### **Factors Contributing to Unfavorable Status**

The foster mother is the primary contact for service professionals regarding the focus child, and the foster father is minimally involved in the case. The foster mother reported that she and her husband intended to adopt the focus child when she was first placed with them in 2004. The foster mother stated that they were first interested in adopting one female child under the age of ten. When the focus child and her siblings were placed with the foster parents, they agreed to adopt all three children.

Over the past several months, however, the foster parents reported that they wish to adopt only the youngest child in the sibling group. They added that caring for the focus child and her two siblings was overwhelming, even with multiple services already in place. It was reported that the foster mother has occasionally been resistant in cooperating with social workers when it comes to letting the children participate in foster/pre-adoptive home recruitment activities, such as

adoption meet and greet parties. The focus child reported at the last court hearing that she only wants to be adopted by her current foster parents and not anyone else.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

Most of the right people are working together to provide services for the focus child. All of the team members share an adequate assessment of the child's strengths as well as her challenges. The CFSA social worker has consistently communicated with all parties to ensure that services are in place for the child's medical, emotional, and educational needs. The foster parents also receive respite services several times a year.

The social worker has also worked closely with the CFSA recruitment team in order to address the need for a permanent foster/pre-adoptive home for the focus child and her two siblings. Almost all of the team members stated that the focus child is bonded with her siblings and it would be in her best interest if she and her siblings remained together. The child has participated in the Wednesday's Child Program and will have the opportunity to create another video. The child is also listed on three websites for children with the goal of adoption. Several family team meetings had been held in 2006 and 2007 to discuss long-term placement options for the child.

Family therapy with the C.A.S.E. adoption specialist has reportedly been helpful. The Court ordered that the therapist write a report with her assessment on the child's feelings about adoption and present the report to the Court and all parties by the next hearing.

### **What's Not Working Now and Why**

The foster parents stated that they wanted to pursue adoption with the focus child, but for the past several months they have stated that they are no longer interested in adopting the child. The foster mother, however, reportedly has not fully cooperated with adoption recruitment.

There are few family members available to serve as informal supports to this child. While these family members may or may not be viable placement options, it is beneficial to the child to be connected to biological family members.

The tutor and the therapists reported that they did not have copies of the child's IEP. They reported that they requested the IEP from the school and were informed that they needed to obtain a copy from the foster mother. They added that the foster mother had not yet provided copies of the IEP to them.

It was reported that the focus child was in need of life skills and vocational planning. The child reportedly does not participate in any after school activities.

### **Stability of Findings/Six-Month Prognosis**

It is expected that this case will remain status quo over the next six months. Identifying a new and permanent placement for the focus child and her siblings will greatly affect whether the status improves or declines.

## **Next Steps**

Address the outstanding permanency situation:

- a. Review report from the family therapist from C.A.S.E. and address concerns regarding permanency prospects at a meeting prior to returning to Court.
  - b. Discuss with the foster parents the importance of cooperation with adoption recruiters.
  - c. Revisit the Wednesday's Child Program and thoroughly prepare the child on possible outcomes of broadcasting the video.
  - d. Make efforts to contact child's extended family members to serve as possible informal supports and/or placement options.
  - e. Continue to seek pre-adoptive homes for the child and her siblings through CFSA recruitment and other adoption programs.
2. Address education issues:
    - a. Provide IEP to tutor and therapists.
    - b. Refer the child for IQ testing to address concerns about possible mental retardation.
    - c. Continue to monitor child's academic progress to determine if additional special education services and/or additional tutoring are needed.
  3. Continue to assess and provide support for the child's feelings regarding adoption by someone other than her current caretaker.
  4. Assess the appropriateness of more contact between the birth parents and child.
  5. Refer child to Keys for Life to address life skills. Coordinate transportation services for the child to come from school to CFSA and back to the foster home.

## **60 Day Follow Up**

1. Permanency Issues:
  - a. Social worker reported that the family therapist from C.A.S.E. plan on submitting a report prior to the next court hearing in two months.
  - b. The children are awaiting placement in a new foster home. Apparently, the current placement was only interested in adopting the youngest child and requested that the two older siblings be removed from her care. The agency will remove all three children.
  - c. The Wednesday's Child Program was put on hold, but the children will participate in the Kids Safe Program.
  - d. The agency has identified relatives in Virginia and has made contact with the State of Virginia regarding a home study. The children are scheduled to have their first meeting with this relative by the end of the month. Since it will be the children's first time meeting this relative, the visit will take place in Maryland at the home of a great-aunt with whom the children already have a relationship.
  - e. The agency is currently hoping that the children will be able to go to VA with the new relative once the home study is complete.
2. Education Issues:
  - a. Social worker did not see the need to forward IEP to therapist but will pass it on to the tutor.
  - b. Social worker did not believe the youth is delayed but will refer for IQ testing.
  - c. In progress
  3. This was not done as of the time of this review
  4. Social worker did not see this as an issue considering the children's goal (adoption).
  5. Social worker will contact Keys for Life to make this referral.

## Quality Service Review Written Case Summary

### Case #4

**Review Dates:** January 14-15, 2008

**Placement:** 24-Hour nursing facility

**Persons Interviewed (9):** social worker, mother, maternal grandmother, AAG, GAL, nursing facility program specialist and social worker, CFSA substance abuse specialist, CFSA Nurse.

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is a two-year-old, African-American female, who resides in a 24-hour nursing care facility more than 100 miles outside of the District of Columbia. She has a permanency goal of guardianship with her maternal grandmother. Her birth mother has been diagnosed with schizophrenia and has a substance abuse problem. Her birth father is deceased. The focus child has two older brothers, one of whom resides with his maternal grandmother; the other resides in a foster care placement.

The focus child became known to the Child and Family Services Agency (CFSA) in June 2005, when the agency received a report that the focus child's mother was mentally unstable and out of compliance with treatment. It was also reported that the mother was having thoughts of harming herself and her children. The focus child was born medically fragile a month prior to this report. She was residing at a local hospital, and hospital staff felt the birth mother could not provide proper care for the infant due to her untreated mental health issues. The focus child was placed in shelter care in August 2006. She was committed to agency care in November 2006. Since June 2005, there have been at least five reports of abuse or neglect regarding the other two male children, resulting in them not living with their birth mother.

The case is managed by CFSA. The focus child receives all of her medical and social care through the nursing facility which is paid for by HSCSN insurance. CFSA provides financial assistance for the maternal grandmother and the focus child's eldest brother to travel out-of-state to visit her. The agency has also attempted to assist the birth mother with transportation to visit her child, but the mother has not followed through with visitation.

#### Child's Current Status

The focus child is diagnosed with chronic lung disease, seizure disorder, global developmental delays, and gastro esophageal reflux disease (GERD). She is deaf and blind, is non-ambulatory, and does not usually respond to touch. Additionally, she has a tracheotomy and a g-tube for feeding.

As of February 2007, the focus child has resided at a 24-hour nursing facility located outside of the District of Columbia. She was placed there for medical reasons, and it has been determined that if she were to ever leave the nursing facility for a home placement, the home would need almost 24 hour nursing care assistance. The current permanency goal as of October 2007 is guardianship with the maternal grandmother, but only so the grandmother can make legal

decisions on the child's behalf. She will not live in the grandmother's home but continue to reside at the nursing facility for as long as necessary or until she reaches the age of 21. Her medical prognosis is unknown; however, she is considered to be "medically stable." The focus child's stability at this facility and the care that she receives there are major strengths in this case, especially considering her high level of medical care needs. All parties reported that there have been no concerns related to safety or well-being for this little girl and that the staff is providing quality services to her.

### **Parent/Caregiver's Status**

All parties interviewed rated the nursing care facility as being excellent, with the only drawback being the distance from the District of Columbia. There have never been any safety or neglect issues identified on behalf of this little girl at the facility. All parties, including the birth mother and grandmother, reported that the facility staff is professional, knowledgeable, responsive, and friendly. The various staff members are seen as vital team members in terms of planning for the focus child. They appear to provide for all of the child's physical, mental, and emotional needs. The mother and grandmother also reported that the staff sends pictures of the child at least every other month.

The maternal grandmother, who is attempting to obtain guardianship on behalf of the focus child, is described as an active team member. She has a history of visiting the child monthly and contacts the facility on an almost daily basis. She brings the focus child's teenage brother with her when visiting the focus child. The grandmother often assists the social worker or other CFSA staff professionals in locating the birth mother. In terms of the guardianship, the grandmother has completed what the team has asked her to do thus far. She believes she already has guardianship and that she only has to "wait for paperwork."

While the birth mother was not rated due to the permanency goal being guardianship, she is still very much involved in this case. As previously stated the mother has been diagnosed as schizophrenic and reportedly struggles with complying with treatment and her medication. The birth mother, by her own admission, is also an active substance abuser. The agency has made several attempts, including work done the week prior to the review, to assist the birth mother with entering a substance abuse treatment facility, yet her history is to either not attend the intake appointment or leave the assigned facility within twenty-four hours.

Parties interviewed described the birth mother as someone who loves her children and wholeheartedly wants them back in her care. When the focus child resided at the local hospital the birth mother visited her almost every day. Since the child has been placed at her current nursing facility outside of the DC Metro area, the birth mother has not taken advantage of financial assistance for transportation to the facility. She does, however, contact the facility by phone and talk about her daughter's care with several staff members including the main nurse and the social worker. During her interview, the birth mother repeated several times that she wants her children to return to her home. She was somewhat aware that the permanency goal for the focus child had changed to guardianship with her mother, but she still believes that she can get her children returned to her care.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

This case has great deal of quality work being done on behalf of the focus child. Everyone commended the social worker for her commitment and work on this case. She displays a sense of caring about this child and her family and a sense that she would like them to be successful. She is seen as the overall leader and the two attorneys interviewed complimented her on her clinical skills in terms of making appropriate decisions regarding this family. There is a high level of engagement with the birth mother and the maternal grandmother, and the social worker has remained professional even in the midst of being “cursed out” and threatened by the mother. An extensive amount of work has been done by the social worker and the CFSA Substance Abuse Specialist in attempting to assist the birth mother with substance abuse treatment. While the birth mother has not been successful with treatment, it is quite apparent that they have not given up on her reaching sobriety.

Most of the right people are involved in this case and many of them have been consistent members since 2005 (social worker, GAL, CFSA nursing staff). Team members appear to have a good assessment of the child and her family. The team was familiar with the child's extensive needs and agreed with her current placement. The team also all agreed that she was receiving appropriate and quality care at her placement. It is also a strength that the agency has the expertise of a substance abuse specialist and nurses on site. These professionals have been instrumental in monitoring and providing services in this case. Among the current team members there appears to be a high level of communication. In fact, multiple people indicated that communication was so good that they did not feel that better or increased communication with anyone, except the birth mother, was necessary.

The Court was rated highly in this case. The social worker was commended for the quality and timeliness of her court reports. Attorneys indicated that “most of the time” issues are dealt with prior to court. All parties, including the birth mother, felt respected and listened to by the judge. Regarding the focus child, there have been no problems with not fulfilling court orders in a timely and appropriate manner.

Maintaining family connections is another strength in this case. The agency has provided transportation assistance for the maternal grandmother and the focus child's eldest brother to travel by train to visit her at her nursing facility. In terms of the focus child's youngest brother, age three, it has been assessed that he should not visit at this time due to his activity level and the grandmother's ability to handle his behavior on a train and at the nursing facility. In addition, due to his age he does not understand his sister's limitations and would not be able to spend the whole two days sitting in her room visiting. There is no day care facility at her placement and the grandmother would have to attend to the three-year-old instead of spending time with her granddaughter.

In the year since the focus child has been placed out-of-state, the agency has attempted to provide the birth mother with train tickets to visit her daughter, but she has not followed-through with any visits. She stated that she has been trying to go into substance abuse treatment and that has impeded her travels.

### **What's Not Working Now and Why**

There are no domains identified as unacceptable in this case; however, there are a few areas where some augmentation should occur in order to enhance the current level of practice.

Implementation of mental health services on behalf of the mother is lacking. A mental health professional is the one person missing from the team. The social worker and the team appear to have correctly assessed that the birth mother has both substance abuse and mental health needs (for her treatment of schizophrenia). While the team has made extreme efforts to aid the mother with substance abuse treatment, they have not recently fully explored her mental health issues. Previously, the mother was receiving assistance through a DMH-approved mental health program, but that relationship deteriorated. The social worker has continued to encourage the birth mother to comply with her psychotropic medications but has not aided the mother with forming a connection with a new DHM provider. The social worker and the substance abuse specialist indicated that they have been consistently attempting to get the mother into a co-occurring treatment facility in order to address her mental health and substance abuse needs simultaneously.

There could be some additional work done with the grandmother around identifying informal supports and community connections to help with her grandchildren and her daughter. The grandmother has some medical issues of her own that provide some limitations in her physical strength and energy. If and when she obtains legal guardianship she will be responsible for making all the legal decisions on behalf of the focus child. With the birth mother's mental health needs, emotional supports for the grandmother could be useful in dealing with the mother should she argue with a legal decision about the child's care/needs. In addition, should the grandmother suffer additional medical issues it would be beneficial to have a support network to assist with the teenager residing in her home and in maintaining contact with the focus child's nursing facility.

Although the permanency goal has been changed to guardianship with the grandmother, the agency is in the investigative phase of identifying if guardianship is even possible, given the fact that the focus child will never live in the grandmother's home. There are questions as to whether the grandmother needs to have her home fully licensed. A bigger question is if the court will be able to grant guardianship in this case as the statute reads that guardianship cannot be granted prior to the child remaining in the home for six months. The agency is also investigating the grandmother's eligibility for the grandparent subsidy program where she could obtain legal custody of the focus child. There is no additional concurrent planning if neither of these two options are successful. In addition, there appears to be no urgency in solving the permanency issues because she has a long-term placement. These legal and licensing questions are beyond the social worker's realm of knowledge.

### **Stability of Findings/ Six-Month Prognosis**

It is expected that this case will remain status quo due to the services received by the child and her stable placement.

### **Next Steps**

1. Within 30 days, the social worker will convene a team meeting with the GAL, AAG, CFSA Office of Licensing and Monitoring, Director of the Grandparent Subsidy Program, CFSA supervisor, grandmother, party attorneys, and the birth mother if deemed appropriate due to her mental health status, to discuss the permanency goal. Develop a case plan related to this issue with timeframes. Also be able to discuss a concurrent plan for permanency.
2. Social worker, with the assistance of her supervisor and program manager, will attempt to work with the CFSA finance office to create more flexibility with the travel assistance for the grandmother and the birth mother (buying open tickets instead of closed tickets for one specific weekend).
3. Social worker will obtain the birth father's death certificate. This will be provided to the court and placed in the child's agency file.
4. The social worker will attempt to meet with the birth mother in order to assist her with connecting herself with the Department of Mental Health. The social worker will attempt to have the mother sign a release of information for DMH. Social worker will make herself available for helping the mother directly call the DHM ACCESS hotline and then talk with any professionals assigned to the mother's case so that a continuum of care and information sharing can be created in order to best service the birth mother.
5. The social worker will talk with the grandmother in order to identify additional supports, such as family, friends, church, and community members. Social worker will develop a plan for reaching out to these people and create a plan for building a stronger supportive network around the grandmother and the focus child.

#### **60-day Follow-up**

1. A meeting is scheduled for next month, to discuss what the grandmother is eligible for in terms of providing permanency for the focus child. Invitees include: social worker, grandmother, all attorneys, staff from CSFA subsidy, and staff from CFSA's Office of Licensing and Monitoring. It has already been determined that the grandmother is not eligible for the Grandparent Subsidy Program.
2. Thus far the social worker has not been able to work with the CFSA finance office on creating a more flexible travel assistance plan for the grandmother or the mother. She is planning on having a conference call with the grandmother and the focus child's placement in order to see if the visits can be scheduled further out thus allowing more time in obtaining appropriate transportation.
3. The social worker has not been able to complete the paperwork requesting the father's death certificate. She recognizes the importance of this and it is still on her list of things to accomplish.
4. Since the time of the QSR, the birth mother has had a major setback. She was arrested and now has a probation officer. She was physically removed from the courthouse at the last family court hearing due to threatening the social worker, attorneys, and the judge. The hope is that the criminal side of the system will be able to order the mother to do mental health and drug treatment. Since this occurred, the social worker has been unable to clearly speak with the mother in order to have her sign a release of information for the Department of Mental Health. She has asked the probation officer to do it, but it has not been completed to date.
5. The social worker has not talked with the grandmother regarding her supports and has not assisted the grandmother in developing a stronger support network.

## Quality Services Review Case Summary

### Case #5

**Review Dates:** January 16-17, 2008

**Placement:** At home with mother

**Persons Interviewed (4):** Birth mother, birth mother's paramour, focus child\*, and social worker.

\*The focus child, age three, was "interviewed" at an appropriate age level.

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is a three-year-old African-American female, who resides with her 20-year old birth mother, her mother's 22-year old boyfriend, and her two-year old brother. The mother's boyfriend is the father of this little boy. Regarding the focus child's birth father, the mother reported that while the child's father is not actively involved in this little girl's life, the paternal grandmother spends time with the child, and there is the possibility that her father at least sees her on occasion. One case note from a previous worker mentions the birth father's name and that he lives with his mother. The current social worker denied any knowledge of the focus child's birth father.

This family first came to the attention of the Child and Family Services Agency (CFSA) in January 2007, when it was reported that the birth mother left the focus child's younger brother, who was one year old at the time, with a neighbor for approximately three days. When the birth mother neglected to check-in with the neighbor, he became an unwilling caretaker and contacted the CFSA Child Protection Hotline. While the mother left the focus child's brother with a neighbor, the focus child was taken to the maternal grandfather's home. A neglect case was opened on behalf of the focus child's brother, and he was placed in the care of his father as long as they both resided with that child's paternal grandmother. The focus child was allowed to remain in the birth mother's care, although the case record documents that she spent some time residing with her brother at his grandmother's home. At the time of this review, the younger brother and his father have returned to the birth mother's home.

The goal for this case is reunification with the birth mother on behalf of the younger brother and continued placement with the mother on behalf of the focus child. At the time of this review, the birth mother has been provided with GED information, as she exited school in the eleventh grade. Previously she was assisted in entering the Job Corps program, although she has since left that program due to an argument with another student. The mother's boyfriend, a high school graduate, has been provided with referrals for employment assistance. There has also been financial assistance with a previous electricity bill and a furniture voucher.

#### Child's Current Status

The focus child is a three-year old female. From the brief interview, there did not appear to be any obvious delays. Earlier this year the focus child was attending a pre-kindergarten program

but was released from school in November 2007 because she had not received her three-year immunization shots. Even though the child has reportedly received her up-to-date immunizations she has not returned to school, as the birth mother and her boyfriend indicated that to re-enroll her in school they needed to obtain her school records from her previous school and take them to the Head Start/Early Intervention Program for another school placement. The boyfriend reported that he was told by school staff that, "too much of the school year had passed and that he should probably wait for the next school year to enroll her in another program." While the social worker has told the birth mother that the focus child needs to be in school, pre-kindergarten is not required by the District of Columbia. Neither the family nor the social worker reported any behavioral concerns with the focus child.

The family stated that the focus child has a current medical evaluation and immunizations since November 2007. The social worker was unable to provide any documentation related to her medical status. The family also reported that the focus child needs a dental evaluation, yet they are struggling with identifying a dental provider.

While the focus child has been able to remain in her mother's care for the past year, there is a major concern about housing stability for this family as they are being evicted at the end of January 2008. The family reported that they have a new Section 8 apartment ready for them in the same part of the city, but they are lacking \$340 for the remainder of the necessary security deposit. If the family does not obtain the entire security deposit they will be homeless. The birth mother and her boyfriend reported that they were aware of this and that while they were not sure what they would do, there were family members who "may help them out."

### **Parent/Caregiver Status**

The birth mother reported that she dropped out of high school in the eleventh grade. She also exited Job Corps due to an altercation with another student. She reportedly has a temper and by self-report can enter into verbal or physical altercations with others. The social worker assessed that the birth mother may have depression and that this could be impacting her ability to maintain a clean home and have the motivation to find and maintain employment or a vocational program. However, the birth mother has not been referred for mental health services since April 2007. During this review, the mother admitted that she would be open to counseling and that she had "a lot of stuff that [she] wanted to talk about with someone."

The boyfriend is a high school graduate, who has a history of being unable to maintain employment. He appears to be very friendly, polite, and is thought to be more motivated than the birth mother in terms of completing tasks for the children.

There are several strengths in this family. The birth mother and her boyfriend appear to love their children and want them to remain in their home. Both parents indicate that the boyfriend is the "only father [the focus child] has known" and that he thinks of this child as his own. The mother smiles when describing her children and what type of life she wants for them. She stated that both she and her boyfriend completed a parenting class and that they both learned a great deal. Her boyfriend was able to identify parenting skills learned such as time-outs, taking away toys, and redirecting behavior. The interactions between the couple and the two children

appeared to be positive, genuine, and appropriate. The focus child moved freely within the apartment, appeared to follow adult directives, and shyly answered the reviewers' questions.

The couple was able to articulate the following tasks that need to be completed in order to close their case: assistance with employment/education, enrollment of the focus child in school, counseling for the birth mother, and transferring into the new apartment. There is a level of resourcefulness with each of these parents as seen in their identification of a new apartment and ability to obtain a majority of the security deposit.

Even though the couple is able to regurgitate case plan tasks, there has been no progress towards case closure; in fact, the pending eviction seems to be a step backwards. The social worker reported there has been no marked improvement in the home's cleanliness; the birth mother has not started a GED program or gained employment; the boyfriend has not maintained employment; and there are concerns related to parenting skills. In addition, the boyfriend and toddler son have returned to her home in contradiction of the court's order stating that the child can remain with his father as long as they both reside with the paternal grandmother. In speaking with the couple, it appears as though they do not clearly understand the court order for placement. It seems as though they believe the toddler can be home with the birth mother if his father is there too.

The social worker expressed a concern that the boyfriend could be using marijuana due to his inability to maintain employment, complete case plan directives, and his pattern of sleeping "all day." She has not discussed her concerns with the boyfriend or the birth mother and indicated that she planned to request a spot drug test at the January 2008 court hearing.

## **SYSTEM PERFORMANCE APPRAISAL SYMMARY**

### **What's Working Now**

There is a basic level of engagement in this case as the social worker is able to get into the birth mother's home and meet with both the mother and her boyfriend. She sees strengths in them and can see that this couple loves their children. During this review, the social worker expressed several concerns related to this family and how to move them forward towards case closure, including her desire to find alternative ways to engage this young couple.

Another example of some engagement is that both the mother and her boyfriend were able to verbalize several of the tasks the social worker has identified for case closure. While they have not accomplished the goals and objectives, they have at least heard what the social worker wants them to complete.

### **What's Not Working Now and Why**

This case has several challenges impeding safe case closure. Firstly, as previously reported, a concern in this case is that the focus child's younger brother and father have returned to the mother's home, contrary to the court order for placement. Agency notes indicate that the social worker was aware of this issue but did not immediately report this to the court. While the social worker was making assessments of the child's safety and did notify the GAL, the fact that the situation was not reported to the court could be a potential issue at the upcoming hearing.

Secondly, while the social worker appears to have accurately assessed the birth mother's possible depression, she has not discussed her assessment with the mother nor has she offered her any assistance in obtaining mental health services. This is a young mother of two children under the age of five, and if she is clinically depressed she may not be able to achieve even the smallest directive put forth by CFSA. She is then seen as noncompliant, although no services have been offered to evaluate and assist her.

While there is a minimal level of engagement between the social worker and this family, the engagement has not yielded positive results. The parents do not feel like team members, and it appears as though the social worker tends to be more directive than collaborative when working with this couple. The parents have not been concretely assisted in achieving the goals set out by the agency. There is a low level of communication between the social worker, the parents, and other collaterals.

In terms of case planning, some of the goals in this case are not measurable, and they do not cover all the areas of concern with this family. For example, the family is to maintain stable and clean housing, yet they are being evicted at the end of the month. There has been no planning with the birth mother and/or the boyfriend on budgeting for this new home, how to keep the home clean, and how to advocate for themselves in the community to get their needs met without CFSA's assistance. The case plan has not been signed by the family and they do not have a copy of any case plan.

Additionally, it does not appear as if there has been any planning to address the underlying reason for the mother leaving her son with a neighbor while taking the focus child with her, which is the reason this family became known to the child welfare system. There appears to be no discussion about supportive family members or baby sitting options should the mother and/or the boyfriend need to leave the children with a caregiver.

Another challenge in this case is the fact that the focus child's birth father has not been engaged or even discussed. As the focus child is not committed to agency care, we cannot engage the birth father without the birth mother's consent; however, the discussion can be had with the birth mother regarding the benefits and barriers to engaging the father. The mother reported that the focus child's paternal grandmother is involved in the child's life and that she would like the father to be involved.

Informal supports and community connections are necessary if this case is going to close safely. The social worker felt that this family had limited family and community supports, yet in speaking with the family they were able to identify multiple people who would help them if needed, including the children's godfathers, their pastor, the boyfriend's mother, and the focus child's paternal grandmother. While initially the birth mother indicated that no one in her family supported her, after further discussion she expressed that her father would help her and that her sister would help in dire need (although she also indicated that she would like to improve this relationship). One major support may be with the boyfriend's mother. This woman agreed to having the focus child's brother and father stay with her and at some point in the case also provided care for the focus child. The boyfriend reported that his mother is very helpful and supportive of his family. The social worker had not maintained steady contact with the

boyfriend's mother nor did she bring her into the case planning process for this family, which is unfortunate as she appears to be the biggest support for this young couple.

### **Stability of Findings/ Six-Month Prognosis**

Based on the facts that this family will be evicted within two weeks of this review; they do not have the full security deposit to move into their new apartment at the time of this review; and the youngest child has returned to the birth mother's home without the knowledge or consent of the court, this case has the potential to decline within the following weeks and months.

### **Next Steps**

1. The social worker will speak with the birth mother regarding her mental health needs and assist the mother in contacting the Department of Mental Health. If she has symptoms of depression, the social worker may need to provide a higher level of "hand-holding" in order to engage the mother in counseling services.
2. The social worker will attempt to obtain the remaining funds for the family's security deposit so that they can move into their new apartment prior to being evicted. Social worker will also develop, as part of the case plan, the following:
  - a. a monthly budget of household expenses and brainstorm with the parents on how they will ensure that their bills are paid every month;
  - b. a plan, carried out by the social worker or a specific community-based program, to work with the parents on how to maintain a clean home, with very clear guidelines as to what level of cleanliness is minimally acceptable.
3. The social worker will develop a cooperative case plan with the parents and outline specific measurable tasks to be completed in order to safely close the case. Tasks should include a signed safety plan that addresses the following:
  - a. multiple child care resources for both children;
  - b. instructions to both parents regarding the importance of having regular contact with any child care provider, even if it is a good friend or family member.
4. Talk with the birth mother about the identity and location of the focus child's birth father and extended paternal family members. In addition, talk with the birth mother regarding her feelings related to engaging the paternal family and how that could impact, both negatively and positively, her current family unit. As the focus child is not committed to agency care, we cannot engage the birth father without her consent. Should the birth mother agree to some professional intervention in this matter, the social worker will attempt to locate the focus child's birth father and engage him in the life of his child through cooperative case planning, possible child support, and/or a babysitting resource for the mother. In addition, both the focus child's birth father and the mother's boyfriend can be referred to the Far Southeast Collaborative's Fatherhood initiative.
5. The social worker will work with the family in order to engage extended family members and local collaterals (paternal and maternal grandparents, the children's two godfathers, and the family's pastor) in creating a higher level of informal supports to these children and parents. Creating a safety net for child care and emergency financial assistance will greatly benefit this family.

### **60-day Follow-up**

1. While the social worker still believes the mother is depressed, she has not made active efforts to assist the mother in obtaining mental health services. The social worker commented that in earlier discussions the mother was unsure of wanting therapeutic services, but recently agreed to assistance. The social worker has not given the mother the telephone number for the DHM Access Helpline or other neighborhoods counseling centers, but plans to do so.
2. Social worker obtained the funds for the family's security deposit and the family moved into their new apartment the month of the QSR. The social worker indicated that the family still needs to create a budget and sign up for the budgeting plan at PEPCO, but this has not been done yet. While the social worker has talked with this family about the above need, she has not actively assisted the family. FACES notes indicate that the home has been clean since the family moved in.
3. The social worker has not developed a cooperative case plan with the parents outlining specific measurable tasks to be completed in order to safely close the case, especially around child care resources which is why the case became known to the agency.
4. Social worker has not talked with the birth mother about the focus child's birth father. In addition, the mother's paramour has not been referred to the local fatherhood initiative program.
5. The social worker has not talked with or met with any of the family's support systems in order to create a higher level of informal supports to these children and parents.

### **Additional Information**

At the court hearing immediately following the QSR, the judge amended the protective supervision conditions to allow the mother and her boyfriend to live together with both children. While the social worker and GAL recommended case closure, the judge refused to close the case until the family was settled in their new apartment and could demonstrate their ability to maintain the household in terms of paying for utilities, keeping the home clean, getting the youngest child (who is court involved) to school, and obtaining employment.

The social worker indicated that communicating with the family is difficult due to their not maintaining a working telephone. She commented that she is able to talk with them on scheduled visits. She stated that the man in the home has gotten a full-time job and that the mother is attending UPO for the GED program and job preparation work. The social worker indicated that during her home visits, she mainly focuses on the employment and monetary pieces of this case.

There remains concern that there is still a depressed mother, who has not been aided in locating mental health services. In addition, the reason the children became known to the agency – unwilling caretaker – has not been addressed at all.

## Quality Services Review Case Summary

### Case #6

**Review Dates:** January 14-15, 2008

**Placement:** At home with mother

**Persons Interviewed (5):** Social worker, birth mother, focus child, maternal grandfather, teacher

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is a seven-year-old African-American male, who resides with his mother, four-year-old brother and one-year-old sister. He also has a 10-year-old sister who resides with her biological father. The focus child and his family first became known to the agency in August, 2007 when mother called the hotline to report that she could not handle her sons' behavior and was fearful that she would hurt them. The immediate safety intervention was having the boys stay with their maternal grandfather for approximately a month. The case was then transferred to an in-home unit for further monitoring. The current goal is to prevent removal of any of the children in the home.

Mother was incarcerated in 2003-2005 for an arson charge. Maternal grandfather has cared for the boys off and on throughout their lives and during some of the time mother was incarcerated. Both boys left their grandfather's care to live with their biological fathers in 2005 and 2006. The boys returned to their mother's care in the Spring of 2007. Mother reported that neither of the boys' fathers has been involved with them on a consistent basis since they were returned to her. The fathers of mother's girls, on the other hand, are quite involved. The father of her one-year old is a support to her although they are no longer together. Mother does not have regular visitation with her 10-year old, as she does not get along with the father or his relatives. He has permanent custody of her.

#### Child's Current Status

The focus child is in the second grade. He is not receiving any special education services or mental health services. He attends a before- and after-school program that also assists him with his homework. He has been in his current school since September of 2007. Those interviewed were concerned about the focus child's behavior, especially at school. The school suspended him for two days in November and has had to call his grandfather a few times to pick him up from school due to explosive behavior. He was described as not having any friends at school, although he is able to socialize with other students. He has no friends at his after-school program or in his neighborhood. His grades are fair to poor, and it was said that he might benefit from tutoring services. He was described as intelligent but has a short temper which impacts his concentration in class. At home he is described as sometimes displaying defiant behavior but has been reportedly doing much better within the three weeks prior to the review. Some of the interviewees stated that a psycho-educational evaluation might be helpful to clearly determine if there are any emotional issues as well as educational needs.

The focus child has been separated from his mother and his siblings for a number of years and has experienced at least three different caretakers in the past five years (mother, grandfather and father). He is currently going through an adjustment period now that he is residing with mother and his younger siblings.

The focus child is healthy with no reported medical concerns. Mother states that he received his last physical and dental check up at the beginning of the school year in 2007.

He appears to be safe in his current placement with mother and continues to visit with his grandfather several times per month. Mother appears to be committed at this time for caring for her children with support from her father.

### **Parent/Caregiver Status**

Those interviewed reported that mother has a short temper and often times become frustrated with normal, age appropriate behaviors that the focus child and his younger brother may exhibit. For example, mother has exhibited a low level of patience while assisting the focus child with his homework. Mother has verbalized that she is aware of this but feels that it may be due to other stressors in life, such as finding stable employment. Mother has been working with an employment services agency that has assisted her in job training, finding temporary placements and job interviews. She recently secured a full-time job and stated that working steadily has alleviated much of her stress around being able to provide for her children.

While mother may be able to benefit from parenting classes and mental services to support her in strengthening her relationship with her children, she has refused services several times. While she is able to provide the focus child's basics needs, she needs guidance in effective parenting techniques to reduce her frustrations, as well as time and effort to build a new relationship with the focus child.

### **Factors Contributing to Favorable Status**

Mother plans on continuing to have custody of her three children and is committed to providing a stable home for them. The physical environment is appropriate and well-maintained. Mother has taken constructive criticism for the social worker well when offered alternative communication methods with children instead of yelling. Mother is aware of her own limitations and is able to reach out to her father for support in caring for her children. Mother would like to see the focus child do better in school and is working with the social worker to have tutoring services implemented.

### **Factors Contributing to Unfavorable Status**

Mother is not involved with the focus child's school and may not have an accurate understanding of his behavior in school and what his educational needs may be. The school often contacts the focus child's grandfather as they cannot get in touch with mother in emergencies and she has not been in contact with them. The family needs an increased support system. Mother appears to have isolated herself and, outside of her father, has no one else, formally or informally, to rely on for support. She is refusing to participate in services that could potentially provide guidance for dealing with her children's behaviors and addressing any current or residual mental health issues. Mother also appears to have unrealistic expectations regarding the children's age and their

behaviors. The focus child's behavior is not being addressed using a team approach to include the school, mother, grandfather and father, if possible. The focus child may also need some emotional support in getting acclimated to his new environment with mother and siblings after being separated for the past few years.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The social worker has a good rapport with the mother and is continuing to build a relationship with her. The social worker has a good assessment and understanding of what needs to occur in the case to reach safe case closure, such as determining the focus child's needs in school to address his education and behavior. The social worker has also been working with mother in identifying alternative parenting techniques to deal with the children's behavior in constructive ways.

### **What's Not Working Now and Why**

There has been no formal communication or teaming between the social worker, grandfather, school and mother. At the time of the review the social worker was not aware of the extent of the focus child's behavioral issues at school or of the level of grandfather's involvement (i.e. responding to the school in emergencies). Further assessment of the focus child's behavior at school and educational needs is needed.

Although service needs have been identified for this family, there has been no formal case and service planning. The social worker had the case for approximately three and half months at the time of the review and was still working on getting mother fully engaged in the case.

No outreach efforts have been made to bring the focus child's father in on case planning. Father has visited the school in the recent past to talk with the focus child's teacher and was asked by mother to talk to the focus child about his behavior at home. Father has not been explored as a resource on the case.

### **Stability of Findings/Six-Months Prognosis**

It is likely that this case will continue status quo as the social worker continues to engage the mother and family members and assess the service needs of the focus child and mother.

### **Next Steps**

1. Convene a meeting with the school, mother and grandfather to discuss the following:
  - b. assess the need for formal evaluations;
  - c. convey to mother the expectations regarding communicating with the school;
  - d. develop a behavior modification plan for school and at home.
2. Increase efforts to engage the grandfather and father in the case planning process and as supportive resources.
3. Case plan with mother and identify specific activities and timelines to reach safe case closure. Discuss a referral to a collaborative agency, parenting classes and mental health services.
4. Follow-up needed on the following:

- a. Verify the most recent dates for the focus child's physical, dental and vision check-ups;
- b. Implement tutoring services for the focus child.

### **60-day Follow-up**

1. Social worker met with teacher and other school personnel within a month to gather initial information regarding child's behavior and performance. She learned that the school would be closing and the students would be transferring into another school at the end of the month. Since that initial meeting there has been no contact with the current school personnel. According to the social worker, mother and grandfather report to concerns regarding the child's behavior at school.
  - a. The mother, grandfather and social worker are still concerned that child may be not be in the appropriate school setting and would for him to be evaluated. The social worker plans to convene a team meeting with the school, mother and grandfather to request an evaluation.
  - b. The need for proper communication has been discussed with mother. Due to her current work schedule the family has decided that the grandfather will be the point of contact for the school in emergency situations as he resides closer to the school and is available during the day.
  - c. Since the review there have been no concerns reported regarding the child's behavior or at his new school.
2. The social worker now has regular contact with the grandfather; she speaks with him biweekly. After speaking to the mother, grandfather and the school, the social worker respects that the family chooses not to have the child's father actively involved as he is suspected of being involved in illegal activity, including narcotics.
3. Services were discussed with mother, who, according to the social worker, is still refusing services especially since she is working full time and caring for all three of her children. Mother continues to state that she feels that she does not need any services and has no time. She has, however, asked for assistance in getting the child evaluated and placed in an appropriate school setting. The social worker has determined that this is the only priority/service need required prior to case closure and plans to make a referral for the family to the nearest collaborative agency just before closing case.
4. Social worker verified that mother took the child to the dentist and doctor. Mother met with the director of the community based tutoring program and brought him to the center for services.

## Quality Service Review Case Summary

### Case #7

**Review Dates:** January 16-17, 2008

**Placement:** Protective supervision with mother

**Persons Interviewed (8):** Social worker, birth mother, focus youth, birth father, DMH worker, AAG, GAL, previous therapist

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus youth is an 18-year-old African-American male, who resides with his mother under protective supervision. The focus youth and his family first became known to the agency in April 1998. Another referral was made in March 2004 with abuse allegations of the focus youth and his younger sister that was determined to be inconclusive. There was another referral received in August 2005 alleging that the focus youth's parents were refusing to care for him, this case was unfounded. In September 2005 another referral was received alleging that the focus youth's parents did not get him necessary medical treatment after he was attacked by other students in his school, which was subsequently substantiated. That the case was then transferred to an in-home unit for further monitoring as the focus youth presented with extremely defiant, violent and delinquent behaviors. In January 2006 the focus youth was placed under shelter care and later committed to foster care as mother had put the focus youth out of her home and family members were refusing to care for him due to his behavior. He continued to abscond from placements and was placed in a residential treatment facility (RTC) out of state to receive mental health services in September 2006. He was discharged from the facility in December 2007, on his 18<sup>th</sup> birthday, to his mother under protective supervision.

The focus youth has one adult sister with whom he reports being close to. He often visits with her and her children. The focus youth also had a brother that died from Leukemia in April 2004, during a CPS investigation, at age 8 after being diagnosed in 2001. Family members have never received formal counseling to deal with their grief. However, the focus youth did begin to address it therapy while at the RTC. It should be noted that the focus youth's negative and delinquent behaviors escalated around age 14, as his younger brother's health began to deteriorate shortly before his death.

The focus youth's most recent diagnosis was ADHD and antisocial personality traits. His last prescription dated on his discharge was for a mood stabilizer and his ADHD. He reportedly received only the medication for the ADHD at the time of the review. He has an In Home Community Based Intervention Services (IHC BIS) worker assigned to him and is not currently receiving any therapeutic services.

The focus youth had a criminal case in juvenile court and was ordered to be on probation which expired in July 2006 due to his committed status with CFSA.

### **Child's Current Status**

The focus youth had been in his mother's care for one month at the time of the review. He appeared to be safe at home and in the current environment. Upon the focus youth's discharge, intensive home based services were put in the home to facilitate a continuum of care for the youth. However, the worker assigned to the focus youth and the CFSA social worker has had some difficulty in getting the focus youth and his mother engaged in these services. The focus youth has not been cooperative and this has delayed implementation of therapeutic services. All family members were very excited to have the focus youth back home and have not been focused on ensuring that these services are in place. Some team members referred to this as a "honeymoon" phase and were concerned that the family is getting distracted with the focus youth's improved behavior and ignoring the focus youth's service needs. He is reportedly taking his medication as prescribed however, given his age team members were not confident that this is occurring, although they have not noted any significant behavior changes in the focus youth.

Team members were concerned about the focus youth's educational plans. He has an educational advocate assigned to him, but since his discharge, there has been no solid plan identified. He has not yet enrolled in an educational program but has expressed that he was interested in attending an evening program to receive his high school diploma or GED. The focus youth was also very interested in seeking and obtaining employment.

The focus youth received his last physical prior to discharge from the RTC in December 2007 as well as his routine eye and hearing exam. He received necessary dental care services while in his placement.

Due to his prior behavioral patterns and his RTC stay, the focus youth has not acquired adequate independent living skills. Although he is very capable of self care and was described as being very meticulous, he is lacking skills such as money management, household management, etc.

### **Parent/Caregiver Status**

Mother has a stable full time job and is able to provide for her son. However, there are some barriers. Mother moved into a one bedroom apartment in Prince George's County, Maryland while the focus youth was in placement. Now that he is home, he does not have his own room or his own private space and is sleeping in the living room. Also, he is not eligible for DC Medicaid due to his non-committed status with CFSA and the fact that the family now resides in Prince George's County MD. Mother will not pay for medical coverage through her employer stating that it is too expensive. In spite of this, mother appears to be trying to rebuild the fractured relationship between her and her son. She has seen a "new" person in the focus youth compared to how he was prior to entering the RTC.

Those interviewed reported that mother attended all of the court hearings and visited with the focus youth out of state at the RTC twice during his stay there. Mother participates in the case planning process for the focus youth. However, it appears that mother is not committed to implementing the plan. For example, she has not made herself available to meet with the IHCBS worker as needed nor has she ensured that the focus youth participated. When the focus youth was discharged from the RTC his medication supply was mailed to the home. Mother missed the delivery attempts due to her being at work during the day, however she made no

concerted efforts to pick up the medication or make arrangements for redelivery. This caused a lapse in the focus youth's medication regimen.

Mother and father do not communicate with each other and have a strained relationship. She is aware that the focus youth is close with his father and that he speaks to him daily. Mother reports that she has limited supportive resources. She and the social worker have a good rapport and communicate well. While mother may be able to benefit from parenting skills classes, a support group and a referral for mental health services, mother has refused referrals for services several times.

The birth father is known to the social worker who has made efforts to get him engaged with service planning for the focus youth. He never attended any of the court hearings and did not visit with the focus youth while he was in the RTC, however in the months leading up to his discharge he communicated with him weekly on the phone. The focus youth has an open relationship with his father and speaks to him on a daily basis.

### **Factors Contributing to Favorable Status**

The focus youth has been doing relatively well since being discharged. He has not had any explosive or violent episodes. All those involved want to see the focus youth do well. Both mother and father have remained involved. It appears that the relationship between the focus youth and his parents has improved since his discharge. The youth has been described as having grown and matured while in the RTC. The focus youth has been able to identify and vocalize his own observations of how he has changed compared to his entry into the RTC.

### **Factors Contributing to Unfavorable Status**

The focus youth and his mother have not fully bought in to the IHCBIS services and have not been compliant. It was learned during the QSR that mother and the focus youth are having difficulty communicating with the assigned IHCBIS worker which has had a negative effect on their level of participation. Also, the family could not verbalize their understanding of the purpose and goals of their participation in the program.

The youth was in a high level of care for over a year and is now in a less rigid and controlled environment which calls for more responsibility on the part of the focus youth and his mother to engage in services to ensure that the focus youth does not decompensate. The focus youth can benefit from a structured environment, which includes clearly identifying expectations of the focus youth. For example, taking all medication as prescribed, completion of household chores, adherence to a curfew, etc.

The focus youth needs guidance in acquiring necessary independent skills such as, budgeting, good work ethics, how to communicate effectively with others, etc.

There have been no discussions with the focus youth or either parent on how to deal with the focus youth's behavior if it were to derail from its current positive path. For example, a plan should be in place to help the focus youth cope with and respond to setbacks to avoid a reoccurrence of his previous behaviors. Also, both parents should be aware of how to react and

how to support the focus youth to encourage him to continue to do well even if he becomes frustrated while adjusting to his new environment.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The social worker has built a strong relationship with mother and the focus youth. She is the original in-home social worker on the case and has a wealth of knowledge and understanding about the family dynamics. The social worker and IHCBIS worker have been communicating often and have been making many efforts to meet with the family together to try and get the focus youth and mother actively engaged in services. The social worker has a clear understanding of the focus youth's needs and what is needed to help keep him stable and move the case towards safe case closure.

### **What's Not Working Now and Why**

The family is not connected to the IHCBIS worker and there needs to be some discussion and planning around getting them engaged. The family's reasoning behind their lack of participation is valid but has been viewed as non-compliance. During the QSR the mother and focus youth expressed their feelings to the social worker which will now allow for a plan to be identified and carried out in assisting the family with accessing IHCBIS services.

There has been no formal communication and teaming between the social worker, focus youth, mother, father, GAL, IHCBIS worker, educational advocate since the focus youth's discharge. Formal case planning is needed to identify goals for the focus youth outlining tasks, timelines and responsibilities of team members. Strategies to prevent replacement should also be clearly identified to help the focus youth and family members get readjusted to the focus youth being home.

Also, clear plans should be in place to help the focus youth acquire health coverage and financial assistance.

### **Stability of Findings /Six-Month Prognosis**

It is likely that this case will continue status quo as everyone adjusts to the focus youth's return home. There are opportunities for the focus youth's situation to improve, however, if the family can become more actively involved in the case plan implantation.

### **Next Steps**

1. Convene a meeting with the social worker, focus youth, mother, father, GAL, IHCBIS worker, educational advocate to create short and long term goals to address the following:
  - a. mental health services for the focus youth-evaluating IHCBIS services after first 90 days (out of home services versus intensive home based services);
  - b. the focus youth's educational/vocational plan;
  - c. housing options (ex. Rapid Housing) to assist mother in obtaining a larger apartment.
2. Discussions with the focus youth, mother and father on coping strategies to handle setbacks with the focus youth and identify supports and plans to prevent replacement.

## **60-day Follow-up**

1. Update:
  - a. Mental health services were provided for the youth through the Department of Mental Health. These services included medication management, individual therapy and Community-based Intervention (CBI) services. The youth was not receptive to these services and indicated that he had no interest in individual therapy. He was assisted with obtaining medication and given medication management appointments; however, he refused to attend the appointments and insisted that CFSA could not force him to do anything that he didn't want to do.
  - b. The youth completed an application to Job Corps. He was counseled to seek another location since there were currently no openings at the local Job Corps; however, according to the social worker, he refused, citing that he only recently returned to the District of Columbia after being in a residential treatment facility. He is still hoping to be enrolled in the local Job Corps program once an opening is identified and he is accepted into the local program. Additionally, the social worker offered to assist the youth with identifying and enrolling in a local night school in order to obtain his GED. The youth initially reported that he needed to find a job and would not entertain the possibility of night school. He later reported that he expected to obtain his GED through the Job Corps program once he is enrolled. According to the social worker he has expressed no intentions or desire to enroll in a traditional high school setting.
  - c. The social worker provided the mother with the information necessary to obtain housing through the Rapid Housing Program. However, the social worker was unaware if she had completed the application. At the most recent court hearing, the social worker learned that the mother and the youth will be moving into the home of the mother's paramour in the near future. The social worker speculates that this may be the mother's reason for not pursuing the Rapid Housing option.
2. The social worker reports that the youth has not been receptive to supports or services offered by her since his return from residential treatment. Despite efforts to provide clinical and mental health supportive services to prevent setbacks and facilitate stronger coping strategies in the home and community, both the youth and his mother requested that the neglect case be closed at the last court hearing. The judge ruled that he will leave the case open for three months to give the youth an opportunity to solicit services from CFSA. However, he terminated CBI services through the Department of Mental Health at the request of the youth and his mother. The social worker has not had any contact with the father, who she reports has been very reluctant about participating in any of the youth's case management during this review period.

## Quality Services Review Case Summary

### Case #8

**Review Dates:** February 11-12, 2008

**Placement:** Protective supervision with mother

**Persons Interviewed (7):** Social worker, mother, maternal grandmother, focus child (observed), daycare teacher, GAL, AAG

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is a two-and-a-half-year-old African-American female who lives with her mother, grandmother, and two siblings. Her brother is seven, and her sister is eleven. The family has been known to CFSA for four years, due to medical and educational neglect of the brother and sister. The focus child was born positive for heroin. The family had an open in-home case at that time, as a result of medical and educational neglect of the focus child's siblings. There had also been previous allegations of drug abuse by the mother and grandmother. The focus child was placed in foster care for two months, after spending two months in the hospital. She was then returned to her mother, who was at an in-patient substance abuse program. Her brother and sister were returned five months later. The family exited the treatment program after the mother had been there a year, and they moved into an apartment. The focus child remains under protective supervision with her mother.

#### Child's Current Status

No safety concerns were reported in the home or at the child's daycare. The child has been living with her mother for the past two years. She recently began attending a daycare within walking distance of her home. The focus child is reportedly healthy and up-to-date on her routine physical examination. She has her first dental appointment scheduled, and her mother is concerned that she has a cavity. The focus child seemed happy and interacted well with her mother and grandmother during their QSR interview. The focus child is reportedly close to her siblings, especially her brother, whom she follows around closely. The daycare staff reported she is always properly dressed and has good hygiene.

While she has met all of her physical developmental milestones, her family and team members have been concerned that she only speaks a few words. While the process to have the child evaluated was begun six months ago, it took two months to get an appointment. Once the assessment was completed, there was confusion regarding whether or not the child needed another evaluation. The situation has not yet been completely resolved, but the focus child had her first appointment for speech therapy the week before the review. It is anticipated that an in-home component of her treatment will soon be added. The mother reported that the whole family would be assisting the focus child with any recommended activities or exercises. The daycare staff reported the child has made a little progress in the few weeks she has been attending.

### **Parent/Caregiver Status**

The mother is caring for her three children with the assistance of her mother. Together, they ensure the focus child is fed, clothed, and attends daycare. The mother is committed to ensuring the focus child receives speech services. There is clearly a strong bond among family members. The mother has made herself available for home visits and is aware of some of the requirements for case closure. She anticipates the case will close very soon.

The mother has consistent communication with the daycare. Daycare staff update her on the child's behavior and progress, and she has spoken with them regarding the speech therapy the child has begun. She has let the daycare staff know the child may receive services there.

The mother had a serious medical condition that required periodic hospitalization during the last year. Since her last hospitalization five months ago, she has consistently made sure her older children are in school and has been stable in taking care of all of the children's needs. Interviewees described marked progress in the mother in recent months and attribute it to her improved health.

The mother has a history of depression and heroin use. She is not in therapy and does not attend Narcotics Anonymous. She reports she is connected to a case manager at a behavioral health clinic, but it is unclear how often she participates in services, if at all. She has not communicated with the social worker about it in detail. She did report to the social worker that her case manager referred her for therapy at an agency that told her she could not begin for two months. The mother had a list of other therapy providers with whom she reported she had also been unable to make an appointment.

The mother is not currently working but indicated she is part of a court-ordered aftercare program as part of her substance abuse treatment. Her work history was not shared during the review, and it was unclear what her plans or abilities are regarding future employment.

The grandmother provides consistent support in the home, as she shops for groceries, drops off the focus child at daycare, and helps care for the children. She is reportedly a recovering drug user, and she is not employed.

The child's father spends time with her on a weekly basis, and they reportedly have a good relationship. While he is not currently in a relationship with the mother, they remain close, and he was described as her best friend and a support. He has not been contacted by anyone on the service team.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The social worker has worked to engage the mother, who is wary of the child welfare system. She assessed that the child had a speech delay and empowered the mother to ensure the child was evaluated and is now beginning services. She has a good understanding of the mother and her needs, namely that she needs to maintain her sobriety and mental health. She was instrumental in implementing daycare for the focus child, with the hope that giving the mother more free time

would allow her to address her own needs. The social worker wants to make sure the mother is strong, stable, and connected to supports before the case closes. Rather than prescribe services for the mother, she intends to encourage the mother to select what she believes will best help her.

### **What's Not Working Now and Why**

The social worker, mother, and GAL are the main participants in the case, and they have not communicated clearly enough to outline a plan for case closure. While everyone involved believes the case will close soon, they are not all operating on the same timeline or with a unified set of goals. There may be conflicting recommendations regarding when the case should be closed at the hearing next month. Although the social worker has identified the mother's need to take care of herself as a goal, team members have not been in touch with the mother's mental health and substance abuse treatment providers to obtain their assessment of the mother's status and ability to maintain her health and sobriety without CFSA involvement. The team is not clear on what psychotropic medication the mother may or may not be taking and who is monitoring it.

While the grandmother lives in the home, she has not been sufficiently engaged in case planning. Similarly, the father spends time with the focus child every week, but he has not been contacted to be a participant in the case. Both of these family members may be able to support the mother after CFSA is no longer involved.

### **Stability of Findings/Six-Month Prognosis**

As the focus child has begun speech therapy and the case is moving towards closure, it is anticipated her status will improve in the next six months.

### **Next Steps**

1. Communicate with the mother's mental health and substance abuse treatment programs to find out whether or not she is participating and what their assessment of her progress and needs are.
2. Reach out to the grandmother and focus child's father to plan how they can support the mother once the case is closed. Create a contingency plan to avoid further educational and medical neglect of the children.
3. Utilizing information from the service providers and family members, work with mother to create a plan for case closure. This plan should address any of the team's and the mother's outstanding concerns and include a timeline so everyone is in agreement on what needs to be done and when the case can be closed.
4. Encourage the mother to consider what she would like to do with her life long-term, and educate her on the resources offered by the Collaboratives.

### **60-Day Follow Up**

1. The mother has reported to the social worker that she has begun individual therapy sessions to address her mental health needs. She reported that she is seeing the same therapist as her two other children at First Home Care. Mother did not identify any substance abuse treatment programs that she is enrolled in.
2. The social worker reports that she has had no contact with the grandmother and the focus child's father as they have not been present during home visits in the past sixty days.

Social worker reports that the family has a history of being supportive to mother in times of need and is expected to continue to do so.

3. The neglect case was closed in court at the March 12<sup>th</sup> hearing. It continues to be open for tutoring services (for focus child's sibling) at CFSA, however all safety issues/concerns have been addressed. The case is expected to close shortly after the school year and tutoring services have ended. Mother is aware and is in agreement with this plan.
4. There have been some preliminary discussions on long term planning with mother. Topics included mother's plans for continuing education and addressing medical health concerns. Mother has utilized a Collaborative agency in the past, is familiar with their services and how to access them if she feels the need. A formal referral to a Collaborative may not be necessary upon case closure.

### **Additional Information**

The focus child is continuing to do well at the day care center. She is receiving speech and language therapy once weekly at Children's Hospital. Although the evaluation was completed and the focus child referred for early intervention services, she has not yet been approved for services. The social worker reported that mother has been advocating for her daughter and communicating with the service agencies involved to resolve the issue.

## **Quality Service Review Written Case Review Summary**

### **Case #9**

**Review Dates:** February 11-12, 2008

**Youth's Placement:** Paternal Aunt's home out-of-state

**Persons Interviewed (7):** CFSA social worker, CFSA Adoption social worker, CFSA Administrative Reviewer, GAL, psychiatrist, school counselor, and paternal aunt/caregiver.

The child was not interviewed due to being five years old and residing more than 100 miles outside of the District of Columbia.

### **CHILD & PARENT/CAREGIVER STATUS SUMMARY**

#### **Facts about the Child and Family**

The focus child is a five-year-old African-American female who resides with her paternal aunt and eight-year-old female cousin more than 100 miles from the District of Columbia. The current permanency goal is adoption by the aunt. The child's birth mother, who struggles with substance abuse, consented to the adoption three months ago. The birth father died two and a half years ago. The focus child has a younger half-brother, approximately one year of age, who resides in foster care. His goal is also adoption, as of three months ago. The paternal aunt attempts to maintain contact with the younger brother's foster mother. According to the agency's case record, the focus child has two older brothers who reside with maternal family members and are not part of the child welfare system. She does not have contact with these two boys.

The focus child first came to the attention of the Child and Family Services Agency (CFSA) in June 2005, when a family friend reported that the focus child had genital herpes, that she was often left with different people, and that the birth mother was a substance abuser. In addition, it was reported that the birth mother's boyfriend slapped the child in the face. The investigation did not substantiate the sexual abuse allegations, but found sufficient evidence to substantiate neglect in that the birth mother's substance abuse negatively impacted her ability to parent and provide for the well-being of the focus child. The child was removed and placed in Shelter Care. She was committed to agency care in July 2005.

Case management for the focus child is provided and supervised by CFSA, yet some services are provided by the out-of-state child welfare agency.

#### **Child's Current Status**

The focus child is described as very energetic, intelligent, and friendly. She has resided with her paternal aunt in a southern state for a year and two months. Prior to this placement, the focus child had six placements, two of which were with other relatives. Team members describe that the child has continued to positively adjust to her aunt's home and that previous behavioral issues of anger, aggressiveness, and hyper-activity have decreased (although the addition of

medication can also be credited as part of the solution). The aunt has an eight-year-old daughter who shares a bedroom with the focus child. This “sibling” relationship has continued to improve over time, especially due to the open dialogue that the aunt maintains with the children and professionals regarding how to enhance the adjustment within this blended family. In addition, the children receive some counseling together at the school.

The focus child attends kindergarten at the local elementary school and before and after care at the local YMCA. According to her most recent report card, the focus child received all “Satisfactory” marks. There are no reported delays or academic concerns at this time. The school counselor reported that the child’s behavior has improved within the last three months; there have been no incidents of aggression with other children or “tantrums” that have necessitated classroom removal. She stated that the child is easily redirected toward other tasks. Last month she was named Student of the Month.

The social worker and the caregiver indicated that the focus child has current medical, vision, and dental evaluations. The caregiver reported that the child is due for her six month dental appointment this month. The focus child has been diagnosed with ADHD and is prescribed Concerta, 36 mg daily and Clonidine, 0.05 mg at bedtime.

### **Parent/Caregiver Status**

The caregiver provides for all of the focus child’s physical, mental, and emotional needs. She provides her with appropriate supervision in the home and community. She is described as being an excellent advocate for the child and has been able to identify necessary services for the child. One of the team members described the relationship between the focus child and the caregiver as positive and strong. Parties report that the child refers to her aunt as "Mommy," although the aunt stated, "She calls me Mommy unless she's mad at me – then I'm auntie." The aunt appears to have sufficient supports in her church, work, neighborhood, and community-provided services.

Another strength in this case is the caregiver’s commitment to maintaining family connections on the child’s behalf. The caregiver monitors telephone contact between the focus child and her birth mother. Three months ago, the caregiver and the focus child visited Washington, DC for the holidays, and the child was able to visit her younger brother. The caregiver has expressed a strong desire to maintain this sibling connection and has started emailing pictures and progress reports to the younger brother's foster mother. Unfortunately, the foster mother has not responded to any of the communications. The caregiver reported having no knowledge of the focus child's two older brothers.

## **SYSTEM PERFORMANCE APPRAISAL SYMMARY**

### **What’s Working Now**

Team members appear to have an accurate assessment of the focus child’s history and her current status. School staff and the psychiatrist indicated that they were provided with information on the child, and that information has lead to a positive working treatment plan. The CFSA social workers were aware of her multiple placements, the reasons they deteriorated, and how those losses and traumas have impacted her current life. The aunt appears to have an

accurate assessment of the focus child, and that information has allowed her to parent the child differently in terms of coping with the child's ADHD, her medication, and her struggle to appropriately interact with other children. The caregiver has learned to use time-outs effectively, to ignore temper tantrums, to withhold privileges, etc. She also interacts well with professionals (school counselor, therapist, and psychiatrist) in order to enhance her ability to provide care for her niece.

In terms of case closure, this case appears to be very close to adoption finalization. The agency is awaiting the final ICPC approval from the state in which the child currently resides. From there, the Adoption social worker will submit his final report and recommendation to the Court. His current prediction for case closure is with within two-to-three months.

Maintaining family connections is a strength in this case, as the caregiver has actively worked on maintaining a relationship with the focus child's younger brother who resides in foster care. During the recent visit to the District, the caregiver took pictures and emailed them to the other foster mother. She has sent emails and photo attachments but has not received any response. She has indicated that maintaining family connections is important to her and is important for the focus child. It would be ideal if the focus child's caregiver could be provided basic information on the two older siblings who live with family members, should she wish to attempt to initiate a relationship between them and her family. In addition, the caregiver monitors telephone communication with between the child and the birth mother, and there is contact with extended paternal family members.

Medication management is going extremely well. The focus child consistently takes her medication and is able to articulate that her Concerta "helps her pay attention like the other kids." The Clonidine was introduced this month to assist the child with sleeping through the night. There appears to be a very positive relationship between the caregiver and the treating psychiatrist as described by both parties. This small team takes the time to listen to each other and incorporates data from the school when planning medication management for the child. In addition, both parties indicated that multiple non-medication techniques were used prior to prescribing the child sleeping medication (bedtime ritual, chamomile tea, relaxation). Behavioral management techniques are consistently used and evaluated.

The caregiver appears to have a wealth of informal supports and community connections in her life that support her in parenting the focus child. She expressed that she has a very strong, supportive church family, a good supply of friends, and extended family even though they are mostly out-of-state. She feels that the school and the psychiatrist are also supportive of her and the child.

### **What's Not Working Now and Why**

There are some concerns with this case. While there are the "right" team members involved in this case it appears as though very few members talk to each other. The caregiver has frequent and meaningful contact with the child's school, her psychiatrist, and the CFSA Adoption social worker. She also has required contact with her state's assigned social worker, although that relationship is very strained (to be discussed below). Agency staff have had multiple contacts with the after care program regarding financial issues. CFSA and the assigned state child welfare

agency have an almost non-existent professional relationship. Timely case summary reports are not submitted to the agency. The assigned out-of-state social worker does not return telephone calls to anyone; in fact, she refused to meet with the CFSA Adoption social worker when he visited that state in December 2007.

Team members appear to act in isolation from each other for most issues, which impacts engagement of the child and family and case coordination and leadership. The caregiver appears to be the leader in terms of obtaining appropriate services for the child, and the CFSA Adoption social worker appears to be actively working to get everyone and everything together in order to close the case, yet even he has been unable to coordinate information between the two states. In addition, due to leave schedules the case will need to be transferred to a new worker. There is not definitive answer as to who will or should be assigned to this case, despite the fact that Adoption social worker has done a majority of work in finalizing the adoption and appears to have the most successful relationship with the aunt.

In terms of engaging the child and family, there appears to be minimal engagement, most likely due to the fact that the child is doing so well and the aunt is such a strong advocate for her. The Adoption social worker has the most contact with the caregiver as he is attempting to finalize the case, yet she seems to be out there on her own, especially when dealing with the social worker from her state. She feels harassed and disrespected by that worker, but has not been able to identify a supervisor down there in order to alleviate some of the issues.

All of the issues identified above impact case planning, especially when the two child welfare agencies are not working together to achieve permanency. The aunt would like therapy on the weekends through a Medicaid provider who can do both individual and family counseling, as there is little time during the week due to her family's schedule. Since the out-of-state social worker is not in communication with DC nor is she seen as helpful to the family, case planning around this issue has not been solved. The aunt has not seen a CFSA case plan, nor does she feel like a valued or contributing member in case plan development.

### **Stability of Findings/Six-Month Prognosis**

Based on the fact that this will very likely be closed due to adoption finalization within the next two-to-three months and that the child appears to be safe and stable, this case will improve.

### **Next Steps**

1. It appears that transferring case management responsibility to the CFSA Adoption social worker would be the most beneficial plan for this case.
2. In terms of addressing the issues with the out-of state social worker the following will occur:
  - a. The CFSA supervisor will obtain the name and contact information for the supervisor of the out-of-state social worker. Supervisor will talk with the other supervisor regarding the case and develop a working relationship in order to move this case towards safe case closure.
  - b. The contact information will be provided to the case carrying social worker, the Adoption social worker, and the caregiver.

- c. CFSA staff will utilize the CFSA ICPC office in order to obtain the most missing quarterly reports from the other state and use them as a liaison for communication if necessary.
3. Adoption Social Worker will:
  - a. continue to monitor the ICPC approval status through the CFSA ICPC office;
  - b. complete adoption final report and recommendation upon receipt of the ICPC approval;
  - c. provide the case management social worker with updates on the status of the adoption timeline.
4. Either the Adoption social worker or the case-carrying social worker will work with the caregiver and the out-of-state social worker on identifying an appropriate therapist who can provide individual and family therapy on the weekends.

### **60-day Follow-up**

1. The case was transferred to the CFSA Adoption social worker two weeks after the review.
2. Due to time constraints, the CFSA supervisor did not complete the tasks outlined above. The assigned social worker went on maternity leave and her unit was down to two people. The Adoption social worker made several attempts via telephone to contact with the out-of-state social worker to inform her that he had been assigned case management responsibility. After several weeks, he was able to speak with this social worker. She provided the name of her supervisor and provided her e-mail address, as well. The Adoption social worker provided the out-of-state supervisor's name and e-mail address to the caregiver. Two months after the review, the Adoption social worker worked with the CFSA ICPC office in order to attempt to obtain information related to this case. The ICPC supervisor was called in to assist. Information was received outlining that the out-of-state social worker needed to request a CPS and police clearance from the caregiver. One week later, the Adoption social worker contacted a supervisory social worker for the other state, who worked on the licensing aspect of the case to provide an update regarding the status of the ICPC request. This supervisor informed the Adoption social worker that a new worker had been assigned to the case.
3. The Adoption social worker was able to obtain the most recent quarterly reports from the other state through the DC ICPC office. ICPC approval of the aunt's home as an adoptive placement for Ruth was provided two months after the review. The final adoption report was eventually signed and submitted to the court one week later.
4. The focus youth will begin receiving therapeutic services from a therapist contracted through her elementary school. She will participate in weekly individual therapy and bi-monthly conjoint therapy sessions with her cousin.

## Quality Services Review Case Summary

### Case #10

**Review Dates:** February 13-14, 2008

**Placement:** Protective supervision with father

**Persons Interviewed (7):** Social worker, father, focus child (observed), child care provider, GAL, AAG (both current and former)

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is a 15-month old African-American male who lives with his biological father under protective supervision. His mother has no other children, and his father has a teenage son from a previous relationship who resides in Canada. The family has been known to CFSA since December 2006, due to mother's failure to protect the focus child when often impaired by alcohol. The focus child was removed from the home and placed in a regular foster home for a few months before being returned to his father.

Mother has a history of alcohol abuse prior to giving birth. The focus child was born healthy with no medical concerns or evidence of prolonged exposure to mother's alcohol use. Throughout the life of the case mother has been in and out of various drug rehabilitation programs. Mother has family members in the area who do not provide support to mother, father or the focus child at this time. Father has no family in this country, and his closest relatives are his son and mother who reside in Canada.

#### Child's Current Status

No safety concerns were reported in the home or at the child's daycare. The focus child had been living with his father for four months at the time of the review. His previous foster mother is now providing child care services to the focus child during the day. This allows for him to have a continuous relationship with someone with whom he is familiar. The focus child is reportedly healthy and up-to-date on his routine physical examination. He has a number of teeth and has not yet had his first dental appointment scheduled. The social worker will follow up with father regarding this. The focus child had a developmental assessment done in July 2007 as a preventive measure to ensure that he was on target developmentally. The assessment concluded that the focus child had no delays at that time. The focus child was observed during the review and seemed happy and interacted well with the reviewers, the child care provider and the other three children in her care. According to the child care provider, the focus child has become part of her family. She has been caring for him since he was an infant and has built a close bond with him.

While he has met all of her physical developmental milestones, some interviewees have noted that he is not yet walking on his own. This has been brought to the attention of his medical doctor who has not expressed the need for any immediate intervention. The child care provider stated that she encourages him to walk versus crawling every chance she gets.

The court has ordered visits between mother and child supervised only by CFSA due to mother being intoxicated at previous visits. Throughout the life of the case mother has been inconsistent in following through with visitation schedules.

### **Parent/Caregiver Status**

The father is caring for the focus child on his own. He receives support from the child care provider. Early on in the case father admitted that he was inexperienced in caring for an infant, and it was noted that he was somewhat awkward when caring for the focus child. Father maintained his visitation schedule with the focus child while he was placed. He developed a close relationship with the child care provider, who was then the foster mother, and regards her as a grandmother figure for the focus child.

Father was described as very self sufficient and able to work effectively with all team members. Father communicates very well with the social worker and child care provider and attributes his accomplishments as a parent to their support. He has been receptive to assistance and support. He was compliant with all services. He completed parenting skills and anger management classes. There have been no other services needs identified for the family. He is described as being very dedicated and committed to caring for the focus child and keeping him safe. He has filed a custody petition in family court to ensure that he has legal custody of the focus child once the CFSA case is closed.

Father has admitted that he would have liked to have a relationship with mother if she could maintain her sobriety. However, he has verbalized that her behavior when intoxicated seriously puts the focus child at risk. Team members feel comfortable that father is able to protect the focus child and provide a stable environment for him. Father continues to be highly involved in case planning and is very engaged and invested in ensuring the focus child's well-being. He anticipates the CFSA case closing once custody is ordered.

Father has contact with a few of mother's relatives in the area and has taken the focus child to visit with them when they have asked. Some interviewees have had contact with mother and believe that she is enrolled in another alcohol rehabilitation program. It was reported that mother calls to inquire about how the focus child is doing and to talk to him on the phone. She was also witnessed in the neighborhood observing the focus child and father or the child care provider from afar; however, she has not contacted the social worker to schedule formal visits.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The social worker has done an exceptional job in engaging the father and providing support for him to be able to care for the focus child. The social worker has been the same since the case was opened and has been available and responsive to those involved in the case. She has created an atmosphere that allows father to feel very comfortable with communicating with her and being fully involved in case planning. She made appropriate service referrals, including the developmental assessment for the focus child, and countless referrals and follow-up with alcohol rehabilitation services for mother. There is evidence that the social worker has made many efforts to engage mother in services and in having consistent visitation with the focus child. The

social worker was described by interviewees as an effective team leader who is thoughtful and thorough and has demonstrated excellent case coordination.

The child care provider was described as a very crucial team member who is able to provide good care of the focus child and serves as a good model for father in caring for his son. Team members communicate effectively and have been able to work to achieve permanence expeditiously in this case. Team members are all on the same page with the permanency plan, custody of the focus child by the father, and are working to achieve this in a timely manner. In the meantime the social worker is continuing to monitor the home and ensuring the focus child's safety and well being.

### **What's Not Working Now and Why**

There have been no recent outreach efforts to maternal relatives who may be able to serve as a resource and support to father in caring for the focus child. Also, outreach efforts to mother should increase during this crucial period in the case, while it's moving towards closure. Mother has been involved intermittently and could potentially delay or derail the custody case. As a preventive measure, if she can be located, discussions should occur with her on what custody means, such as the fact that her rights would not be terminated.

Outside of the child care provider, father has no safety net in the community. It may be helpful to link father with a Collaborative where he can receive community resources and support.

### **Stability of Findings/Six-Month Prognosis**

It is anticipated that the focus child's status will improve in the next six months as the court works to resolve the custody matter and father is linked to additional community resources and supports. The case is expected to be closed during the next six months.

### **Next Steps**

1. Explore and refer father for supportive services to a Collaborative within his community, and to a support group for families of alcoholics to assist him in understanding the dynamics of his relationship with mother and to better understand the addiction.
2. Increase outreach efforts to mother and her relatives. To ensure that custody hearings go smoothly and to gain potential resources for the focus child and father.
3. For information purposes, follow up with father's probation officer to ensure case closure and the status of the Civil Protection Order father has out against mother.

### **60-Day Follow Up**

1. Social worker will refer father to a Collaborative in his community upon case closure.
2. Father reports that he is in contact with one of mother's cousins and has been taking the focus child to visit them on a regular basis. Mother's current whereabouts are unknown.
3. Father reports that he continues to have an open probation case. The jackets for the civil protection order case was consolidated with the neglect case in family court. At the last court hearing the civil protection orders were dismissed.

**Additional Information**

The social worker reported that father and child are doing well. Father is in contact with one of mother's cousins and has taken the focus child to see her on several occasions. The custody case has not been resolved; while the petition has been filed, the mediation meeting has not occurred. CFSA will be submitting a request for case closure in court. The social worker reports that all safety and risk concerns have been addressed.

## **Quality Services Review Case Summary**

### **Case #11**

**Review Dates:** February 13-14, 2008

**Placement:** Specialized group home

**Persons Interviewed (9):** Social worker, school counselor, therapist, GAL, AAG, group home case manager, group home evening counselor, youth, administrative reviewer

### **CHILD & PARENT STATUS SUMMARY**

#### **Family History**

The focus youth is a 19-year old, African-American male. He has at least seven siblings. Two are adults who it does not seem were in the system; one aged out of the foster care system; two have been adopted; one has had a finalized guardianship; and the seventh is in a foster placement with the person who has guardianship of her sister. The focus youth visits the sister who is in care regularly and has recently begun having day visits with his adult brother. The youth has not seen the younger sister in the guardianship placement, as she has many behavioral problems, and the social worker and guardian do not believe it is best for them to visit at this time.

The focus youth's family has a lengthy history with the Child and Family Services Agency (CFSA). The mother became known to the agency at least 15 years ago. The focus child lived with his maternal great-grandmother from the time he was two until he was removed from her care when he was seven years old because of educational and medical neglect. The MGGM became unable to care for the youth because of her own health problems. It is unclear from the record when the youth's goal changed to APPLA or whether or not reunification, guardianship, or adoption were considered.

The youth has been living in a specialized group home since he returned from a neurological rehabilitative residential placement out-of-state nine months ago. He shares a room with another young man, and there are eight residents in the house in total.

The focus youth has numerous medical conditions, ranging from genetic, to congenital, to contracted. He also has a mental health diagnosis of Conduct Disorder (by history) and is mentally retarded, with an IQ of 64.

#### **Child's Current Status**

The focus youth is described as friendly, helpful, cooperative, and easygoing. He is reportedly safe in his group home, with only minor, infrequent incidents between himself and the other seven young men who live there. There were no reported concerns at the school regarding his behavior or that of others towards him. He is a very friendly young man who is reported to get along well with his peers. At the same time, team members described him as eager to please and easily manipulated by his peers. For example, his sister is consistently able to get him to give her money, although she never reciprocates. The youth reportedly displaces his anger, taking it out on the smaller youth in the group home. This has not led to any major incidents, and the

youth is working on changing this behavior. There was a minor incident during the week of the SR, in which the youth punched a window. He had been picking on a smaller youth, and some of the older youth tried to divert his attention to them. Rather than hit one of the youth in the home, he punched the window. Although the group home staff took him to the hospital, he did not have any serious injuries. Overall, the youth has reportedly made progress on his anger management skills since he came to the group home, and he can describe what coping skills he has learned from his therapist, namely to take himself out of a situation that is making him angry.

This is the youth's second placement in the past two years. He was in a neurological facility for three years, and he has been in his current placement for nine months. It is not anticipated he will move again before he emancipates. The youth has been in his current school placement since his return to the area. While it is unclear when he will graduate, team members are in agreement that he will not have any school placement changes before he finishes school.

The youth has numerous health conditions that are being monitored by the staff at his group home. He sees a number of specialists on a regular basis and takes many medications. He has not had any hospitalizations, and he is reportedly compliant with his medications. Team members indicated that the youth understands his conditions to the extent his intellectual ability allows. One of the CFSA nurses comes to the group home to monitor one of the youth's conditions. When the youth was placed at the group home, his former social worker gave them a 90-day supply of medications. The case manager worked diligently to ensure the youth was seen by the numerous appropriate doctors to get new prescriptions for his medications when they began to run out. He was assisted in this challenging endeavor by one of CFSA's nurses.

The youth reports he loves school, including the staff there. His most recent report card included one B, two Cs, two Ds, and one F. The failing grade was in a required class, and it was unclear how this grade will affect the youth's timeline for graduation. No one interviewed was clear on what the youth's grades have been since his last report card. The youth will have an IEP meeting next month to update his goals. He is in special education at a level IV school, and all parties reported it was the right placement for him. The youth struggles with reading and writing but performs better in math. He receives 30 minutes of individual counseling at school, as well as 30 minutes working with a group. He worked hard to achieve the highest level at his school and maintained it for two weeks. He dropped back to the second level because he did not perform the jobs that went along with being at the highest level. Respecting his teachers was reportedly his biggest challenge in making it to the highest level. He is a tour guide when visitors come to the school and plays on the flag football team.

The youth's behavior is fairly responsible, and he has never been arrested or suspected of using drugs. He has had a few instances of stealing money and items from the group home, usually from his roommate. Interviewees stated that if the youth sees something lying around, he cannot seem to be able to help taking it. Group home staff remind the residents to keep their personal belongings out of sight. When he is confronted about the stealing, the youth apologizes and returns or repays the money. In a recent incident, he said he took his roommate's money so he could buy his brother a Christmas present. The youth reportedly has trouble maintaining his hygiene. He has to be constantly reminded to wash his clothes, brush his teeth, and take a shower. Sometimes he turns on the water for the shower but does not bathe. It is unclear

whether or not the youth is sexually active. He reports having two girlfriends at school, but he said he does not go on dates. The social worker reported talking with him about safe sex, and the group home weekly meetings sometimes focus on that topic.

The youth will likely move from the group home to a residence run by Rehabilitative Services when he turns 21. Interviewees were not confident that this youth can take care of his own needs, especially regarding his medication, and live on his own without assistance. He is capable of doing laundry but needs prompting, and he can cook some meals. He does not have a bank account, and interviewees reported he does not have enough money to make it worth opening one. Team members and the youth would like him to attend the Center of Keys for Life (CKL), but transportation has been a barrier thus far. The youth is reportedly capable of taking public transportation with others or if he has been travel trained, but this has not occurred yet. The youth reported he applied for a job at a fast food restaurant recently, but he had not heard back from them. No other interviewees mentioned the possibility of the youth obtaining a part-time job. In terms of career goals, interviewees described jobs the youth had mentioned being interested in, but when the youth was asked, he gave different answers. He has not had a vocational assessment, and interviewees had differing opinions on the youth's ability to obtain and maintain a job.

### **Parent Status**

The focus youth's mother is not part of case planning. It was known to all team members that the focus youth occasionally speaks to her on the phone, but not everyone knew he sees her when he visits his older brother.

The case record indicates the youth's father is deceased, but this was not reported by any of the interviewees, including the youth. None of the interviewees reported knowing the father's name or his whereabouts.

### **Caregiver Status**

The staff at the group home seem to have strong relationships with the focus youth, and the youth is especially close with one of the evening counselors. He describes the staff as people he can talk to. The staff interviewed during the QSR described numerous strengths for the youth and seem to enjoy working with him. They help him with his homework as needed, and they work with him on independent living skills. The group home evening counselor talks with the youth about his family and processes his visits with him, as his family members sometimes make him promises that they don't keep. His case manager takes him to his numerous doctor appointments and has worked very hard to ensure the youth never runs out of his many medicines. The case manager attends IEP meetings, as well as ISP meetings at the group home. There is reportedly good communication between group home staff and the social worker.

The caregivers utilize appropriate discipline techniques. For example, when the youth steals, he is required to give back the money or items and is on restriction for a period of time. The group home holds weekly meetings on various topics, such as sex, hygiene, and peer relationships. This month, the youth will be doing a presentation with a partner on a historical figure for Black History Month. Group home staff also organize fun activities for the youth in the home,

including bowling and roller skating, and the focus youth participates. Staff say they would like the group home to be as much like a home and a family as possible.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The focus youth attends ISP, ITILP, and IEP meetings and signs the plans that are created there. The social worker and group home staff talk with him frequently, and the youth indicated he likes them very all much. The social worker recently took the youth clothes shopping, and she sees him more often than just the required two visits per month. The youth feels comfortable calling her to talk about things. There seems to be shared leadership for this team; the social worker, group home case manager, and the group home evening counselor work together to ensure the youth's needs are met. They are all reportedly satisfied with the frequency and content of their communication. They meet quarterly for ISP meetings. The current ISP goals for the youth are mainly focused on his independent living skills. He is to maintain his hygiene, keep his room clean, and cook with one of the counselors once a week.

Various members of the team have made assessments of the youth and have implemented plans and made adjustments to them as necessary. Near the beginning of the school year, the school personnel assessed that the youth was in a classroom that was too difficult for him and moved him into another one. The current classroom has more help from staff and less challenging work, which is more suited to the youth's abilities. He still participates in some classes in his previous classroom. The team made a joint decision that the focus youth's therapeutic goals had been met and went through termination of that service. When the focus youth was caught stealing again, the team asked the therapist to reengage with the youth until that issue had been sufficiently addressed. The therapist was well-informed about the youth's issues and progress, although he does not participate in team meetings.

The social worker has worked very hard to ensure the youth and his only sister in foster care visit regularly. Because of a concern about a reported incident of inappropriate touching, she supervises the visits. The team ensured that the youth was able to spend Thanksgiving with his older brother and his family on a day pass, and they are working with the brother to get clearances for overnight visits. The brother has yet to follow through, and the team is not sure if he is still interested. The youth has been spending most Saturdays and Sundays at his brother's house. The brother has a wife and two children, and the youth reportedly enjoys being an uncle. All parties interviewed expressed the importance of the youth maintaining his family connections.

The court process was reported to be positive. The social worker, group home case manager, and youth attend each hearing. The mother has not attended the two most recent hearings, but she has participated in the past and continues to have an attorney present. The youth is allowed time to share his thoughts.

The youth's psychotropic medications are monitored by a psychiatrist at the same agency at which his therapist works, although the therapist is not in touch with the psychiatrist. The only recent change was a decrease in one of the youth's medications. There were no concerns that the

youth is not compliant with his medications. Team members reported that the medications are helpful for the youth, and there were no reported side effects.

### **What's Not Working Now and Why**

While the focus youth is doing well behaviorally in school, it was reported that he is failing one of his classes. Most of the parties interviewed believed him to be an honor roll student and were therefore not in regular communication with the school. Parties were also not in agreement on the youth's academic plans for the future. Some believed he would be graduating in the spring, while others did not know of a planned graduation date. The educational advocate is not a regular part of team conversations. The school staff member interviewed mentioned she would like to know more about who all works with the focus youth and what their responsibilities are.

Only one interviewees besides the youth reported that he sees his mother when he visits his brother in the community. Team members are not in communication with the mother and do not know her current status. There was also a lack of information about the youth's siblings who are not in care. The youth reports he has not seen them, aside from his older brother, in many years.

While the vast majority of the youth's needs are being met, more than one interviewee reported the youth might benefit from a mentor. Also, the youth has not yet begun attending CKL activities, and he will need the assistance of his team to make this happen, especially regarding traveling to and from CFSA.

### **Stability of Findings/Six-Month Prognosis**

As there are no major transitions likely in the next six months, it is anticipated this youth's condition will remain status quo.

### **Next Steps**

1. Include a specific person from the school as part of the team and increase communication about:
  - a. The youth's grades and whether or not any educational services or summer school are needed
  - b. Creating a plan and timeline for the youth's graduation.
2. Communicate with the mother to find out how and if she can become a part of the team. Increase communication with the older brother and find out if he or the mother are in contact with any of the youth's siblings. If so, assess the appropriateness of reconnecting the youth to more of his siblings who are not in the system.
3. Continue to address the youth's life skills development:
  - a. Assist the youth in learning to travel to CFSA from the group home for CKL activities.
  - b. Ensure he has a vocational assessment.

### **60-Day Update**

1. The social worker did not indicate if she has engaged a specific person at the focus youth's school, but she is aware that he will be graduating in June 2008. She obtained a copy of his most recent report card and the updated IEP. He is also being connected to a program through his school that offers employment, along with job coaching. They hope

to have him employed prior to graduation. Part of their assessment will be a vocational assessment.

2. The social worker admitted to not attempting to engage with the mother or other relatives in order to make her a part of the team on the youth's behalf. She explained that the youth's sister had absconded and was living with different family members for approximately three weeks. The family reportedly threatened the foster mother, allowed the girl to smoke marijuana, and helped her evade police. In addition, the focus youth visited his brother's home and an uncle was asked to drive him back to the group home. Reportedly, this uncle did not have a driver's license and he was also intoxicated. He was pulled over and arrested by the police and the focus youth had to be transported to the group home by the police. This was very traumatic for him as displayed through an increase in anxiety and crying. Additionally, the older brother, with whom the focus youth was visiting on the weekends, is now separated from his wife and is reportedly staying with different relatives instead of having a stable residence. He has not visited with the focus youth in over a month. However, the youth maintains telephone contact with this older brother.
3. The youth has learned to travel to and from CFSA for CKL activities and participates on a weekly basis.

## **Quality Service Review Written Case Review Summary**

### **Case #12**

**Review Date:** February 19 - 20, 2008

**Placement:** Out-of-state college

**Persons Interviewed (7):** CFSA social worker, CFSA supervisor, maternal aunt, birth father, stepmother, Collaborative worker, and AAG.

The focus youth was initially scheduled but at the time of the review indicated he did not have enough time to talk with the reviewers. The GAL was scheduled but was not able to make contact during the two day review.

### **YOUTH & PARENT/CAREGIVER STATUS SUMMARY**

#### **Facts about the Youth and Family**

The focus youth is a 20-year old, African-American male who currently attends college out-of-state more than 100 miles from the District of Columbia. Historically, he has resided with his maternal aunt in a neighboring state. His permanency goal is APPLA. The youth's birth mother died in 1996. The birth father is married and resides in a neighboring state. The focus youth has telephone contact with his father and visits when he is in the DC area. The youth has six older siblings, several of whom he has contact with. All but two of these siblings reside in the DC area.

According to the agency record, the focus child's family has been known to the Child and Family Services Agency (CFSA) since the 1970's. More detailed information begins in 1981, when the birth mother threatened to physically harm one of her daughters. The focus child became known to the agency in 1992 for neglect issues stemming from his mother's terminal illness. In 1996 the focus youth and two of his siblings were removed from his mother's care. It appears as though the youth had one foster care placement and two kinship care placements, the second one lasting approximately ten years.

This case is managed by CFSA. The youth does not receive any direct services as he is away at college. He does receive assistance with financial aid for college.

#### **Youth's Current Status**

The focus youth is described as friendly, respectful, well-mannered, and athletic. He also has a strong love for his family. He graduated from high school in the summer of 1997 with all A's and B's. Between high school and college he was employed part of the time and "hung out" for the remainder of his time. He started as a first term freshman in January 2008 at a small private university south of Washington, DC, where he is studying Sport Management and Coaching. He has not received a report card yet and none of the team members have been notified of any academic or behavioral problems at school. Team members feel that he is overall safe at school and do not have any safety concerns with him in the community. One team member expressed a concern that the youth was staying out until after 1:00 am and questioned what he could be doing

out that late. Other team members see this as normal college behavior and there have been no reports of his being in danger.

In terms of stability, there have been some changes in the youth's placement within the past four months. He has resided with his maternal aunt since he was 10 years old. In November 2007, the aunt accused the youth of stealing. He denied stealing and indicated that his aunt treated him like a child. He left his aunt's home in a neighboring state and went to his older brother's home in D.C. He reported to his family and his social worker that he was not going to return to his aunt's home. The social worker was able to obtain approval for the youth to have an extended visit with his brother. In December 2007, the social worker learned that the youth had been accepted to college and the youth returned to his aunt's home to pack his belongings for school. Team members have varying beliefs as to where the youth will visit when he is on school breaks; one person believes he will return to the aunt's home, while others believe he will return to D.C. As of this review, a plan has not been established for the youth's spring break next month.

The social worker and the caregiver indicated that the focus youth is current for his medical, vision, and dental evaluations. The youth has his Medicaid card with him at college, and team members feel confident that should he need medical care at school he would be able to obtain it for himself and that the care would be adequate.

Team members reported that the youth is able to cook, clean, do his laundry, and use mass transportation alone. He has been employed in the past. He is currently residing in a dorm at college, and there have been no concerns about his ability to get to class, do his laundry, and advocate for himself. He has a bank account, but people feel he cannot budget his money. Most team members had the opinion that the youth was not ready to live in an apartment on his own because he had been sheltered by his aunt. People reported that she did everything for him and gave him limited chances to act responsibly and independently. The youth had reported to his social worker and family members that she treated him like a child.

It was reported that in 2007 the youth had been arrested for disorderly conduct at a local mall. He had to pay a fine and do community service. The social worker was unsure if the youth was still on probation. There have been no reports of any further incidents in the community.

### **Parent Status**

While the birth father is not being rated as a caregiver in this case, he is involved in the youth's life through telephone contact and visitation. He stated that he keeps in contact with the focus youth's older brothers and at least one sister. The father is married and resides in the Washington, D.C. area. He and his wife have a five-year old daughter together. The birth father articulated how he has and has not supported the focus youth over the years and that he has had to make up for a lot of time. He acknowledges the excellent care that the youth's aunt provided and praised her love for him. He reported that he would like to be a part of the planning for his son, but with working two jobs he needs at least a week's notice in order to alter his work schedule. The father's wife indicated that she would like to participate in any way and has enjoyed getting to know the focus youth. They both believe that the relationship between the youth and his father and stepmother has been positive.

## SYSTEM PERFORMANCE APPRAISAL SYMMARY

### **What's Working Now**

There are multiple strengths in this case. One strength is that the social worker has been assigned to this case since 2004. Prior to that, at another agency, he was associated with the focus youth's older brother, so he has an abundant knowledge of family history and relationships. He is seen as the leader in this case and has been able to coordinate with multiple people and agency departments in order to ensure the youth has everything he needs while out of the jurisdiction. He knows the steps and timelines for the tasks that have to occur in order to the youth to emancipate properly. He has completed his ITILP and appears to have proactive thoughts regarding how best to complete certain tasks even with the youth being away at school. With the youth being accepted to college with such short notice, the social worker was able to identify funds to assist the youth in paying for college. The youth has been assigned a Collaborative worker, and she appears to understand the complexities of working with a youth out-of-state. She has had multiple conversations with the social worker in terms of keeping the case open and continued attempts at connecting with the youth. The Collaborative worker acknowledged that youth tend to make more contact with Collaborative workers as their emancipation dates get closer. The Collaborative can provide the focus youth services such as Rapid Housing assistance, advocacy with school issues, and assistance with college financial aid assistance paperwork.

The social worker appears to have a positive working relationship with both the focus you and his aunt. The aunt spoke very highly of the social worker. While he has had trouble maintaining consistent telephone contact with the youth since he has been in college, he does not attribute this to the youth avoiding him; rather, he believes the youth is experiencing independence and is a busy college student. The social worker feels he receives quality information from the aunt, and if something were important the youth would be more responsive.

The team members who participated in the review appeared to have a relatively good assessment of the youth and his needs. They also appeared to understand some of the family dynamics, especially with the youth's aunt and brothers and his desire to stay connected to family.

Court is rated positively in this case. Court reports appear to be detailed and timely. The interviewed parties felt listened to by the Court and that their opinions were valued.

### **What's Not Working Now**

With the youth's impending emancipation in five months, various team members, including the social worker, are concerned with the youth's continued financial aid needs for college in terms of the timelines for document submission. The aunt is very concerned about getting all the information and keeping track of everything.

The birth father is not being engaged by the system and has not been a party to planning for the youth even though the youth maintains contact with his father. As previously stated, he was able to acknowledge his historical shortcomings in providing for his son, yet he would like to be a support for him. He expressed a desire to participate in planning for the youth and appeared honest about his own time/work limitations in being a member of the team. The agency has not

reached out to the father in terms of valuing him as the youth's father and as a connection the youth wishes to maintain.

### **Six-Month Forecast/Stability of Findings**

Based on the fact that the youth is in college and will be emancipating in five months, this case will probably remain status quo. The youth has several family members who are supportive and have offered to be placement options for the youth during breaks and after he ages out of the system. The only immediate factor that could derail the youth's stability is if he does not do well in college and decides to leave early.

### **Practical Next Steps**

1. Social worker will continue to establish a working relationship between the youth and the Collaborative worker, even if it is through emails or three-way phone calls. Social worker will provide the family and the Collaborative worker with each others' names, addresses, and phone numbers so that even if the youth forgets how to contact the Collaborative worker other people may be able to keep that line of communication open.
2. Prior to emancipation, the social worker will provide all financial aid information to the youth, his aunt, and the Collaborative worker.
3. Engage the birth father and maintain communication with the older two brothers in forming a supportive structure for the youth and utilize them transitional planning. Important areas to plan around should include budgeting, transportation to and from college, clothing money, and where he can stay when he comes to the D.C. area.

### **60 Day Follow-up**

1. The social worker continues to attempt to establish a relationship between the focus youth and the Collaborative worker; however the youth is not fully compliant. The social worker has not provided the family members or the Collaborative worker with the contact information for each other as of yet.
2. The month after the review, the focus youth was discharged from college as he was not attending his classes and was failing each class. He returned to his aunt's home in Virginia. Two months after the review, he reportedly had not obtained employment. The social worker will be visiting the focus youth and his aunt in the next couple weeks in order to discuss his transition plan to independence.
3. The social worker has not spoken with the birth father.

## Quality Services Review Case Summary

### Case # 13

**Review Dates:** February 19-20, 2008

**Placement:** Kinship foster home

**Persons Interviewed (7):** Social worker, birth mother, focus child, kinship foster parent (maternal aunt), CFSA Administrative Reviewer, AAG, and GAL

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus youth is 16-year-old African-American female, who resides with her maternal aunt in a kinship foster care placement. She has three older siblings, a 24-year old who resides with their maternal grandmother, and two who are also in foster care – a 17-year old brother who resides in the foster home with her and a 19-year old brother who is currently in an independent living program. She has three younger half-sisters; two ages five and two who reside with their biological father in the District (not the focus youth's father) and an eight month old who resides with her godmother in Maryland.

The family first became known to the agency in April 1997. The specific allegations are unknown. In October 2005 another referral was made regarding the focus youth's older brothers not being enrolled in school for that school year. A third referral was made in December 2005 after mother gave birth to a baby girl with a positive toxicology for cocaine. It was learned that mother had an eighteen year crack/cocaine addiction, and the children were often left home alone unsupervised and exposed to domestic violence. The focus youth and her older siblings were removed from their mother's care in May of 2006 after CFSA worked with mother to identify and place the children with a relative, a maternal cousin. The father of the younger children sought and received custody of the girls to avoid a foster care placement.

The focus youth and one of her brothers went to live with their maternal aunt in December of 2007 as the maternal cousin stated he was unable to care for all three children any longer. The other brother moved into an ILP program because his behavior was too much for other family members to handle (marijuana use, truancy and abscondance from placement). The permanency goal was reunification with mother, but she went in and out of drug and mental health treatment with no long-term success. The permanency goal for the focus youth and her older siblings was changed to APPLA as of November 2007.

The focus youth's mother has been incarcerated for six months for drug and assault charges. She is in drug rehabilitation while in jail and expects to be released in three months. The whereabouts of the focus youth's father are unknown. He is thought to be incarcerated; however, there is reason to believe he has already been released. It is reported that he has not had contact with the focus youth for a least a year or two. The focus youth has visited her mother in jail once and has written to few letters to her as well. She has sporadic contact with her younger sisters and oldest brothers.

**Child's Current Status**

The focus youth is in the 10th grade. She is not receiving any special education services. While she was living with her mother she missed a lot of school and was socially promoted although she still struggled with completing the coursework. Her maternal cousin refused to have her evaluated, expressing that he felt she would be labeled and not supported to do well. The focus youth currently has a tutor, per court order, to assist her with math but states she is not doing very well in Spanish and English. She has been enrolled in two different schools for the current school year, and parties interviewed had no information on her current grades. She has an educational advocate assigned to her that none of the parties interviewed has had contact with. There is concern that the focus youth's educational placement and status is not clearly known and understood by parties involved with her case.

The focus youth reports that she has never attended court before and could not say with certainty who the GAL is and their role. She was also not sure who the current social worker is as there have been some recent reassignments.

There are no concerns with the focus youth's behavior. She is not receiving any mental health services and has no identified needs. She is described as a very pleasant, respectful and engaging young lady. The court ordered a forensic evaluation which was just completed a week prior to the review. The focus youth also has a mentor as ordered by the court. There was recently a change in mentors, and she has met with the new mentor only once but states that so far she likes her. All those interviewed felt that the youth was safe in her current placement and at school. The focus youth is not involved in any extracurricular activities but is very enthusiastic about participating in the Center for Keys of Life program. She was referred by the current social worker but missed the last orientation appointment and plans to go to the next one.

She has completed a physical in November 2007 and is need of a dental and vision check up. She is healthy and has no medical concerns. The focus youth is sexually active and appears knowledgeable about safe sex practices and risk factors. She appears to have age-appropriate life skills and is eager to learn and do more. For example, the youth is very interested in participating in the summer youth employment program to have a job for the summer and would like to open a savings bank account. She is very capable of self-care and preparing simple meals for herself. She is reportedly not engaging in any risky behaviors and has been making good decisions as it pertains to her friends and social activities.

She has a very close relationship with her maternal aunt and the brother who lives with her. She cited both of them as strong supports for her, as well as her boyfriend. She feels very comfortable talking to her aunt and going to her for guidance and advice. Prior to living with this aunt, the focus youth resided with a maternal cousin and her two brothers, being the only female in the home. The focus youth is grateful to be living with her aunt and to have a female/maternal figure in her life daily.

**Parent/Caregiver Status**

The maternal aunt appears to be able to provide a safe and stable home for the focus youth and her older brother. The maternal aunt states that she has contact with the focus youth's mother through letters and keeps her abreast of what is going on with the children. She stated she is very

happy her sister is getting the services she needs in prison, and she is more than happy and willing to continue to be a resource for the children. She stated that the focus youth is a good kid and is very respectful and listens to her when she must be chastised. The maternal aunt was adamant that she did not want to adopt the children as she did not want her sister's parental rights terminated; however, she reported that guardianship was not fully explained and discussed with her as a permanency option. She also does not appear to fully understand the goal of APPLA and her role and CFSA's role in caring for the children long-term.

She has been able to follow through with ensuring that the youth is evaluated and is committed to following all directives from the agency and the court that are in the children's best interests, such as participation in CKL, and mentoring and tutoring services taking place. The maternal aunt will be attending the March court hearing for the first time. She has not had many interactions with the social worker on the case as there have been recent reassignments, and she has not been home for all of the home visits.

### **Factors Contributing to Favorable Status**

The focus youth is in a home in which she feels very comfortable and is with a caretaker who is very supportive. This placement appears to be stable, and the maternal aunt will continue to encourage and support a healthy and safe relationship between the youth and her mother. The focus youth is receiving all court-ordered services. She is very eager and interested in participating in CKL, getting a job for the summer, and gaining additional independent living skills. The family is very close and has other relatives to whom they reach out to as supports.

### **Factors Contributing to Unfavorable Status**

The focus is not visiting with her siblings as often as she would like and is not being supported by adults involved with the case to facilitate this. The focus youth and maternal aunt have never attended a court hearing and appear to have little communication with the GAL and social worker regarding court proceedings.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The agency has fulfilled the court orders for this youth, such as ensuring that mentoring and tutoring are in place and that she received her Youth Forensics evaluation. The social worker promptly made a referral for the focus youth to get her dental appointment and discussed the CKL program and made a referral for her within the first home visit.

### **What's Not Working Now and Why**

The current social worker had only been on the case for approximately seven weeks prior to the review, and it was learned that the case would be temporarily transferred to another social worker the week after the review. During these multiple case transfer there is potentially a loss of information, such as specific information on who is providing tutoring and mentoring and the status of these services.

The current social worker has not had an opportunity to connect with the family and fully engage them. Also, the current social worker did not appear very knowledgeable about the case and

recent history that was documented in the record and in the FACES database. For example, the social worker was not aware of the open in-home case or the three younger children involved. Temporarily having a new social worker on the case could pose a challenge for fully engaging the focus youth and other team members on the case.

During the review, it became evident that another permanency option, such as guardianship, was not fully explored before the goal change to APPLA, which is extending the youth's stay in foster care and delaying permanency.

There has been no communication or teaming between the social worker, the in-home CFSA social worker, GAL, AAG, focus youth or maternal aunt. There is an active in-home case involving mother's younger children and their father. There have been no discussions regarding visitation with the younger children or plans for supporting the focus youth's relationship with her mother upon her release from jail.

No efforts have been made to locate the focus youth's father. He has not been explored as a resource on the case.

### **Stability of Findings/Six-Month Prognosis**

It is likely that this case will continue status quo as the social worker continues to engage the youth and family members and assess the service needs of the focus youth and monitor current services.

### **Next Steps**

1. Convene a case planning meeting with the In-Home CFSA social worker on mother's other case, focus youth, kinship foster parent and other team members (i.e. GAL, tutor, mentor, etc.) to discuss the following:
  - a) Visitation plan with other siblings;
  - b) Updates on court proceedings/hearings and purpose;
  - c) Guardianship as a permanency option.
2. Contact school and get updated information regarding her attendance and performance and evaluate need for supportive educational services.
3. Follow-up needed on the following:
  - c. Ensure that the focus youth receive dental and vision check-ups and a gynecological exam including information on STDs and safe sex;
  - d. Focus youth and foster parent informed of the next CKL orientation and ensure their attendance;
  - e. Assist youth with applying for summer youth employment program;
  - f. Obtain contact information for current tutoring and mentoring service providers and reach out to them for a status update;
  - g. Obtain a copy of the Youth Forensics evaluation that the youth recently had conducted and discuss recommendations with team members.

## Quality Service Review Case Summary

### Case #14

**Review Dates:** March 2 and 5, 2008

**Placement:** Group home

**Persons Interviewed (6):** DMH therapist, DMH psychiatrist, 2 group home staff members, teacher, and birth mother.

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus youth is a 17-year-old African-American male, who is a committed ward of CFSA. In October 2005, CFSA removed the youth from his birth father's care due to physical abuse, neglect, educational neglect, inadequate shelter (they were homeless and often lived in cars), and illegal drug exposure. Reportedly, his father would also force the youth to panhandle in order to supplement his substance abuse habit. The youth was placed in a group home and is now in his second group home. Initially, the youth's permanency goal was reunification with his birth father, but the father did not participate in reunification services and the youth did not wish to return to his father's care. Since 2005 the focus youth has experienced multiple disappointments related to possible placements that never materialized – placements with two of his father's ex-girlfriends, and one with his birth mother. His current permanency goal is Alternative Planned Permanent Living Arrangement (APPLA).

Since coming into care the youth has had several diagnoses. The latest DMH diagnostic assessment from March 2008 provides the following diagnoses: ADHD, Disruptive Behavior Disorder, NOS, Physical Abuse of Child. He is prescribed Concerta and Trileptal.

Academically, the youth has a history of failure and truancy, most of which stem from his father's lack of parenting and stable housing. He has repeated several grades including the ninth grade and now the tenth.

The focus youth receives multiple services through several agencies/programs. He receives therapy, case management, and monthly medication management through DMH. He receives case management services and mentoring through CFSA. From March through September 2007, the youth and his mother received some family therapy through DMH. The birth mother was very inconsistent, which seems to have led the youth to stop attending.

#### Child's Current Status

The focus youth was described as being a very nice, well-mannered, and articulate young man. At the same time, people also described him very immature and as a "loner." He is said to have surface relationships; no one could pinpoint even one person who has an in-depth relationship with this young man.

The youth is presently repeating the tenth grade at a new school (as of September 2007). The earliest he could graduate is in June 2010. The decision was made to transfer the youth to a different school due to concerns about the previous school's ability to provide an appropriate academic setting for him. In addition, the youth expressed a desire to transfer schools. He is diagnosed learning disabled for which he receives special education services, which is supposed to include one hour per week of counseling. At the time of this review, the school did not have a school counselor on staff. One of the higher level staff members was reportedly meeting with the youth on a weekly basis in the interim. Team members related that during the first academic term the youth did very well academically, but for this most recent quarter (February 2008), his grades decreased. He is not meeting the team's academic or behavioral expectations. Tutoring at school and out-of-school have been offered but rejected by the youth. He has been suspended several times this school year due to refusing to remove a hair covering while in school. The youth wears this covering when he is unhappy with the way his hair looks, yet he is not active in maintaining his choice of hair styles.

The team feels that the youth is relatively safe at school and in the group home. Any concerns stems from possible involvement with a local "crew." In January 2007, the youth was involved in a physical altercation with local teenagers which resulted in his jaw being broken. Last year the team expressed different opinions on what had occurred and none of them truly had an adequate view of his interactions with local gangs. There have been no physical altercations in the past six months, but team members are not fully assured that the youth is not still involved on some level. One team member reported that the youth said that he "needed to stop this."

The youth is current on his annual physical and eye appointments. A semi-annual dental appointment should be scheduled in the next two months. It was indicated that the treating psychiatrist requested a neurology evaluation five months ago to assess facial tics. This evaluation has not yet been completed. It was learned that the hospital rescheduled the appointment for later this month.

Another physical and mental health concern that seemed casually expressed by one of the team members was that the youth is encopretic. Initially this was the only team member to report this concern, yet through follow-up interviews other team members indicated the same thing. One important factor is that the child welfare social worker had not been made aware of people's concerns. There has been no team discussion around this issue and it appears as though people are passing the responsibility off to each other.

The youth has been participating in individual therapy and medication management for several years. His psychiatrist indicated that she had recently changed his diagnosis from Disruptive Behavior Disorder to Bi-polar Disorder. The youth is prescribed Trileptal and Concerta, and he is reported as being medication compliant. The youth's current therapist is leaving and a new therapist has been assigned, although it is unclear if any transitional planning around introducing a new therapist has occurred.

All parties described the youth as being immature and not ready for life in an independent living program. He has not been able to maintain good personal hygiene. He has trouble maintaining his chores. Team members indicated that he minimizes his role in certain situations and often

creates his own problems with others. In addition, they did not see him as a good self-advocate. The youth refuses to participate in the Center for Keys for Life program. He does not have a part-time job or a bank account. He reportedly has a minor history of substance abuse, mostly marijuana. He has historically refused substance abuse education and treatment, but the last three or more random drug tests have been negative.

### **Parent/Caregiver's Status**

The birth mother is still involved in her son's life. She indicated that she would like to be a placement resource for the youth but did not have a suitable place for them to live. She recently split from her husband and was staying with a friend. She is also in remission from cancer. In order for her to take care of her son, the mother said she would need assistance in identifying a two-bedroom apartment, financial assistance in taking care his needs, and assistance in ensuring that the youth followed her rules. Historically, the mother has wavered between being and not being a placement resource for her son.

The mother indicated that she did not have any concerns related to the quality of care or services that he receives. She stated that he did not need anything because he has the basics – food, clothing, school, and shelter. She expressed that she would be willing to re-engage in family therapy with the youth and stated that she really enjoyed the previous family therapist. She minimized her missing appointments and blamed therapy on the youth's lack of involvement and then the therapist's exit from the agency.

The group home staff was found to be providing for all the youth's needs. Team members commented that the staff seems to care for the youth and that they have tried to be highly engaged in the youth's case. Certain staff members attend the youth's treatment team meetings, IEP meetings, and court hearings. While one interviewee expressed concerns regarding the group home's diligence in supervising the youth, all other parties, including the social worker, expressed that the group home organization was conscientious regarding safety for the focus youth.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The youth attends his treatment team meetings, IEP meetings, and court hearings. He also attends therapy and medication management appointments. He signs his DMH treatment plans. He participates in activities at school and in the community with the group home.

It seems the CFSA social worker, who has been on this case for over eighteen months, is the clear leader in this case. She was able to provide a great deal of history and current information on this case. She attends all meetings and court hearings. She was complimented by different team members as being "excellent" and "on top of things." It was clear she has attempted to maintain contact with everyone on the case. Even the birth mother commented that the social worker had kept in contact with her about the youth.

Team members indicated that the youth is medication compliant. The change to a liquid form of the Trileptal increased the youth's compliance as it is harder to cheek liquid medications. The

group home staff ensures that the youth takes his medication daily and ensures that the youth attends his monthly medication management appointments.

The youth has visitation with his mother when he chooses to see her. Reportedly there is an older brother with whom the youth has a relationship but he “does that on his own.” Additionally, an uncle recently came forward for visitation with the youth. The social worker visited the uncle’s home and approved overnight visits, but the uncle has not maintained contact with the social worker and it is unclear if the youth is visiting with this uncle. While reunification with the birth mother is no longer being explored for the youth team members still value the youth’s relationship with family members, especially as he reaches the age of independence. The youth has expressed that he does not want to have contact with his father. The team supports the youth’s decision due to the youth age and the history of physical abuse and neglect at the hands of his father.

All parties expressed a high satisfaction with court. Persons stated that they felt respected and listened to by the court. The youth attends court and team members feel that the judge provides ample time to discuss his thoughts and needs.

### **What’s Not Working Now and Why**

In this case, most of the “right people” have been assembled, although the therapist is now leaving. Team meetings are occurring approximately every three-to-four months and most of the team attends, including the youth. The mother would like to be invited, although there was some evidence that she has been invited and has not attended. She would like to be updated on the outcome of events though the mail. The new school does not appear to be involved in treatment meetings, but the social worker and the group home provide updates during the meetings. The concern is the actual participation level of the youth during these meetings. Several team members indicated that he can easily “shut down” in meetings.

While there is an existing team and most of them meet often, there is some concern that the low level of information sharing may negatively impact the assessment of the youth. In addition, there seems to be indecision some times about which entity should complete certain tasks. A clear example of this is the encopresis issue. The group home reported the concern to the therapist, who apparently did not forward this information to anyone, including the psychiatrist or the social worker. It was clear that he thought the group home should have dealt with the issue. There was no mention of encopresis concerns in his case notes or at treatment team meetings. The social worker was very distressed to learn about this concern and commented that she would definitely have dealt with this had she known. Not evaluating the encopretic issues of this 17-year old young man is an enormous missing piece of assessment and understanding.

Another example of team communication and how it can impact the assessment of the youth can be seen in the psychiatrist’s verbal change in his mental health diagnosis of Bi-polar Disorder. No other team member was aware of this diagnosis and most denied seeing Bi-polar symptoms, especially cycling behavior.

### **Stability of Findings/Six-Month Prognosis**

The 6-month prognosis for the target youth is to continue status quo. The youth has multiple supports put into place with people who have been constant in his life (CFSA social worker and DMH psychiatrist). While there have been several transitions in group home staff, the current staff appear to be highly invested in his success. Having his mother involved in his life has shown to be positive, even if he cannot live with her.

### **Next Steps**

Convene a team meeting to fully discuss the encopresis issue and the psychiatrist's new diagnosis of Bi-polar Disorder. Change the treatment plan as necessary to address these two new issues.

1. Identify what the youth would like to do as a career and provide him with information related to that field of work. Having him get a part-time job or internship along the same lines may increase his willingness to do better in school and stay in high school.
2. Immediate enhancement of life skills development is necessary. This is an almost 18-year old, who cannot even complete most of the basics in personal hygiene, budgeting, or maintaining a clean home. The development of clear written expectations (i.e., will prepare two meals per week, will research five after school or summer employment, will create a budget for clothing allowances, etc.) will explain what he must complete. With the youth's achievement of specific tasks, the team may feel more confident about any pending transition into an ILP, and he could develop a sense of mastery of skills necessary for living independently.
3. If the birth mother appears to be truly willing to participate in family therapy, re-initiate family therapy in order to strengthen the youth's relationship with his mother especially as he nears the time to exit the system. She should understand his needs and how she can be a support to him when all other supports are discontinued. The brother and uncle could be included too.

## Quality Service Review Case Summary

### Case # 15

**Review Date:** March 11, 2008

**Placement:** Traditional foster home

**Persons Interviewed (7):** DMH community support worker, supervisor of the therapist, social worker, teacher, birth mother and stepfather.

The foster mother and therapist were scheduled but did not participate in the review, and reviewers unsuccessfully attempted to contact the GAL.

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is a seven-year-old African-American male, who currently resides with his older sister in a traditional foster care placement. He has two younger brothers, one of whom resides in a separate foster home; the other resides with his father and his girlfriend. His birth mother has remarried and resides with her husband and his teenage son. The child's father's name is known to the child welfare system, and the record indicates he was located in Washington, D.C. in 2004. The current social worker indicated that she is unaware of the birth father's location or of anyone conducting a diligent search for him.

The focus child became known to the Child and Family Services Agency in March 2004, when a hotline report indicated that the birth mother had left her three children, ages two-to-five years, in their shelter apartment without adult supervision. It was also reported that the shelter apartment was in deplorable condition. The children were removed from their mother's care but were conditionally returned to her within seven days. A second report was made in December 2005, alleging that the mother had physically disciplined the focus child with a belt that left bruises. The four children (the mother had a new baby between the reports) were again removed from their mother's care. All four children have a permanency goal of reunification with the birth mother.

The focus child receives community support services through a Department of Mental Health contracting agency. He is supposed to receive individual and family. He also receives case management services through a private foster care agency.

#### Child's Current Status

The focus child was described as being very smart, social, friendly, and outgoing. Several team members described him as a child who can become withdrawn when upset but can eventually be coaxed to talk about his feelings. He and his older sister have resided in the same foster home since his second entrance into agency care in 2005. He attends church with the foster family and enjoys participating in family outings scheduled by the foster mother. There are no reported behavioral concerns related to the child at home. He is said to care very much for his foster mother. In terms of safety, no one has identified any safety concerns with the youth at the foster home, his mother's home, school, or in the community.

According to the school teacher the focus child has excellent attendance over the past two years and is well liked by his teachers and peers. The teacher commended that the child is an excellent reader and is very good at language arts. She reported that that academically he is doing well; however, he does not complete 90 percent of his homework. She stated that the foster mother has been made aware of this issue, but there has been no improvement. A behavioral/work log book was developed for the focus child, but the teacher rarely sees it. In addition, the focus child is one of five children (out of 21) who are on behavior plans at school due to talking out loud and getting out of his seat. However, the teacher commented that his behaviors are not too far outside of the normal realm of second grade behavior. He also had an incident of stealing a watch, but when found out he returned the watch, apologized to the student, and appeared very remorseful. When asked about her thoughts on the child being ADHD, she commented that she sees “some traits” and commented that she “wouldn’t be opposed to an evaluation.” She further stated she has ADHD children in her classroom and this focus youth has very little in common with their overall behaviors. The teacher and several other team members expressed a concern about the child's messy and hurried handwriting. The teacher was neutral about the child receiving an occupational therapy evaluation to assess his fine motor skills.

The focus child is current with his annual physical examination and no one expressed any medical concerns. He is approximately four months past getting his semi-annual dental examination. In addition, the child's last vision evaluation was completed in May 2007 and glasses were recommended. Eleven months later the child has still not received his eye glasses.

The record indicates that the child’s last individual therapy session was in October 2007. Then it is reported that therapy possibly began again one or two weeks prior to the case review. The problem was reportedly with Medicaid transportation.

### **Parent Status**

Birth mother and stepfather were interviewed together. The mother is very articulate and knowledgeable about her children and their status. She described her son as smart, social, outgoing, and “all boy.” She commented that a team member had recently asked her why her son had been sad lately. She shared with the professional that this case has gone on a very long time and that the child was frustrated with why he was not able to return home quicker. She also described that the child tends to suffer from “middle child syndrome” in that his older sister has been parentified (she expressed regret at this) and is the only girl so she gets attention. Then the two younger brothers are smaller and, “everyone loves a baby.” The focus child looks for ways to get attention too, trying to be friendly and helpful.

The birth mother and her husband discussed their thoughts on the reunification plan and timeline. The mother’s visitation was increased from unsupervised Saturday day visits to unsupervised, overnight, all weekend visits. The couple reported that the only barrier in reunification is obtaining a larger home, which they were expecting to acquire in a month. Reportedly, a four bedroom home has been located and they have submitted all the appropriate paperwork. They are awaiting the results of the house inspection and the lease packet. After moving into their new home, the couple would like to have the children return to their care the day after school finished in the middle of June 2008. They stated that they wanted the “least amount of disruption” in the children’s return and that included not pulling them out of school for two months. The mother stated, “We want things to go as smoothly as possible for the kids even though we want them

home as soon as possible.” The couple discussed registering the children in school, obtaining their medical records, and planning ways to keep them busy with activities during the summer. They were aware of the local libraries and Boys and Girls Club.

The mother stated that she had not been presented with a timeframe for reunification from the social worker even though they discussed reunification at the February 2008 team meeting. She commented, “I think it will ultimately be up to the judge. He has been really running the show.” She has not been asked to sign treatment or case plans nor has she received copies of any plans. She attends court hearings.

### **Caregiver’s Status**

The foster mother did not maintain her scheduled appointment for this review. Two professionals did not have any concerns related to the foster mother’s care of the child. People described the child having a positive relationship with the foster mother and her extended family. They reportedly attend church together, which the child enjoys. She transports the children to their visits with their birth mother and has taken the time to update the birth mother on the children’s activities and behavior in the home.

While the social worker stated that the foster mother usually handles all the medical appointments, the child is delinquent in his dental evaluation and it has been eleven months since eye glasses were recommended. The social worker did not feel that this was a task that she needed to complete for the child but commented that she would follow-up with the foster mother.

Information from the school was concerning in that the child does not complete 90 percent of his homework, and the foster parent has been notified of this. In addition, the behavioral log book does not make it back to school. The teacher commented that she usually has to leave messages for the foster parent and rarely talks directly to her. One team member expressed concerns that the focus child’s and his sister’s clothes were too small.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What’s Working Now**

Pathway to safe case closure is adequate with a need for some refinement. All team members are on the same page with the goal of reunification, and the children’s increased visitation with their mother and stepfather shows the natural progression towards permanence. Parties reported that the visits had been going well, and there were no safety or behavioral concerns. The only barrier to reunification identified is a larger apartment for the family.

Regarding court, persons interviewed felt listened to, respected, and valued. The Court is in agreement with the goal of reunification and is satisfied with the visitation schedule. There were, however, comments that issues are usually addressed in court instead of prior to hearings and that the judge “runs the case.” The social worker reported that even if the mother had an adequate home prior to the June 2008 court hearing, reunification would not occur until that hearing because the judge needed to order it.

The birth mother and her husband reported several supports involved in their lives including the birth mother’s mother, the children’s godmother, and several other long-term good friends. She

indicated that when the focus child visits her on the weekends she takes the children to church because they enjoy it. The agency has not connected the family with any additional supports, although the plan is to link them with a Collaborative.

### **What's Not Working Now and Why**

Even though the focus child's status is positive, there are several challenges within the system. Engagement of the child and family needs improvement. While the child is very engaged with his community support worker, this appears to be the only place he is engaged. He is asked to sign, at age seven, the progress notes from each visit where the sessions are outlined. The birth mother is engaged, but that seems more due to her own involvement than the system's request for involvement. According to several team members there has only been one treatment team meeting in the past twelve months, even though this is supposed to occur at least every three months. At this treatment team meeting, which occurred the month prior to the review, the team discussed reunification, but they did not create a formal written plan outlining the steps and timeframes for reunification. All team members agreed that the work is done with the mother and that the stepfather is not invited to participate in visits or meetings, even though he will be co-parenting the children when they are reunified with the birth mother. Someone said, "He comes in sometimes from the other room and says something, but I've never asked him to sit in on the visit. I work with the mother."

Another area of lacking engagement is with the focus child's birth father. No one has searched for the birth father since 2004 when Diligent Search Unit found him in northeast Washington, D.C. While the social worker indicated that she had spoken with the mother about the father several times, she has never attempted to locate him, nor has she discussed with the mother how locating this man could impact her life. There does not seem to be any child support from this man, nor has anyone attempted to locate family members as possible supports to the child or his mother.

In this case, the "right people" are assembled, yet assessment, team functioning, communication, and case planning are inadequate for quality practice. This is illustrated in several examples. There were multiple reports of people not calling each other back or sharing even their basic knowledge. This lack of communication seems to be impacting the child. People commented that there were no problems at school, yet due to minimal-to-no communication, team members are unaware that the child is on a behavioral plan, does not complete his behavior/work log, and does not complete 90 percent of his homework. In addition, the teacher reported that the child still needs glasses as he has trouble seeing the board, which impacts his ability to complete his work and focus. Another example of communication breakdown is that one team member commented that the child has started to receive in-home therapy and another team member said therapy is still office-based.

An assessment concern can be seen regarding therapy and the child's mental health diagnoses. As previously stated, the child has not had therapy in approximately five months but has been doing relatively well without it, especially with a consistent community support worker. There has been no reassessment to determine whether or not the child would benefit from individual therapy again or if family therapy would be the best treatment modality. Also, the child is diagnosed with ADHD and Disruptive Behavior Disorder, yet everyone but the teacher (who

mildly expressed thoughts, not concerns on the topic) expressed that they do not see any ADHD symptoms, and no one expressed any persistent disruptive behavior in any life domains.

The topic of mental health assessment leads into an example of case planning and implementation problems. One team member indicated that during the February 2008 treatment team meeting it was agreed that the child should be assessed by the psychiatrist for medication management “just in case,” prior to his reunification with his mother. Two other team members had no recollection of this and both presented strongly that the child does not have ADHD and there was no need for a medication evaluation. Yet this medication assessment has been identified in the child’s treatment plan for several years.

The five month lag in therapy due to transportation issues is another example of poor case planning and implementation. There is also an outstanding court order from January 2008 for family therapy, which has not been initiated yet due to logistical issues of the children (the focus child and his three siblings) living in three different placements. However, the children have been visiting their mother on Saturdays for at least two months. Now they are spending the whole weekend at her home. No one offered the solution of conducting family therapy when the children all visit the mother.

Case planning and communication around reunification are lacking – while everyone is on the same page with the children returning to their mother’s care, team members were unaware of what other members were planning. For example, one professional stated, “I think it should be some time in July maybe, but the mother probably thinks it will be the day after she gets a new house. I’m not sure how she would feel about the children not returning until this summer.” This person commented that timeframes have not been discussed or mapped out in writing. The mother expressed her plan for the children to return to her care the day after school is over.

The social worker and the community support worker both expressed that prior to the children returning home to their mother they felt that the mother would need additional parenting support and hands-on education around establishing structure, maintaining a clean home, managing the behaviors of all her children at once. There were thoughts that the youngest child’s ADHD symptoms could be overwhelming to the mother on a daily basis and that she would benefit from education around parenting an ADHD child; yet, these concerns have not been addressed with the birth mother or stepfather, they are not outlined in treatment or case plans, nor have any steps been taken to identify the appropriate service to address these needs. The foster care agency has instituted a new Family Stabilization Unit to assist families with reunification goals. While the family has been assigned a stabilization worker, contact has not been established. The record shows that this could have been due to not having the correct telephone number for the mother, yet it has still not been resolved.

Case planning and implementation on behalf of the child are lacking. As previously indicated, the child is four months past his semi-annual dental examination and eleven months past getting the recommended eye glasses. The social worker denied the need for her intervention other than checking in with the foster parent again.

### **Stability of Findings/ Six-Month Prognosis**

The 6-month prognosis for the focus child is that he will continue status quo, as he has been maintained without optimal performance from the system. In addition, the child could be returning home within three-to-four months, and there will probably be a honeymoon period.

### **Next Steps**

1. Team meeting (to include the birth mother and stepfather and new Family Stabilization social worker) within thirty days to address the following:
  - a. Document a written timeframe for reunification with contingency plans should the mother have trouble obtaining her chosen house. Provide the mother with a copy of this written plan;
  - b. Professionals will discuss with the mother their concerns related to her need for additional hands-on parenting skill training and ADHD education.
  - c. Assess the child's need for weekly individual therapy, especially when family therapy is initiated (therapist must be included in this discussion).
2. Initiate family therapy as court ordered. Discuss the possibility of conducting family therapy when all the children are visiting the birth mother's home.
3. Social worker will make direct contact with the school teacher and then assess if a school meeting needs to be held with the foster mother and the birth mother regarding the child's behavioral plan and homework issues.
4. Social worker will immediately address school, dental, and optical issues with the foster mother and document next steps for improved monitoring and participation in providing for the child's basic needs. If barriers to foster parent action are identified, the social worker must develop her own plan for increased monitoring of the case and for ensuring the child receives appropriate services.
5. The youth will have a completed semi-annual dental appointment within thirty days. If evaluation cannot be completed within this timeframe, social worker will document efforts made and communication with the CFSA's Office of Clinical Practice.
6. The youth will receive his eye glasses within 30 days.

## Quality Services Review Case Summary

### Case # 16

**Review Date:** 3/10/08

**Placement:** Guardian

**Person interviewed (6):** Guardian, CFSA supervisor, community support worker, former Community-Based Intervention (CBI) worker, guardian's son, director of social work at psychiatric hospital

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus youth is a 14-year-old African-American female. She has two older half-siblings, one sister and one brother, on her mother's side. She was removed from her mother's care in 2002, and in 2004 her mother gave legal custody of her to her half-siblings' paternal grandmother, who took in all three siblings. An in-home case was opened a little over a year before the review on the guardian when the police raided her home due to her son's involvement with drugs. There were found to be issues of poor supervision for the focus youth and her siblings.

The focus youth's brother currently resides in a residential treatment facility in another state. Her sister still lives with her grandmother. The youth was assessed in a psychiatric hospital the week of the review but was discharged at the end of the week to her guardian. She was previously hospitalized approximately three years ago.

The focus youth has had a diagnosis of Oppositional Defiant Disorder for the past ten months, but she has refused to take medication and is therefore not prescribed any. She received CBI services for six months, ending three months before the review.

#### Child's Current Status

The focus youth has been verbally aggressive in school and brought a knife once. While she was reportedly just showing it to a classmate and did not threaten anyone with it, it was unsafe behavior. The youth reportedly frequently leaves the house in the middle of the night to spend time with her boyfriend. The team was concerned about the youth's safety and dangerous behaviors, and she was admitted to a psychiatric hospital a week prior to the review. She was returned to her guardian without a discharge plan. Some team members are advocating for the youth to be placed in a residential facility. The guardian would like the youth to take medication, follow rules, and do her school work. The youth's permanency plan is unclear; it will depend on what the team decides regarding the youth's potential placement in a residential facility.

The youth complained of abdominal pains at school recently, and the school required that she get a doctor's note before returning. Some team members believed the youth was looking for a semi-legitimate way to get out of school, as she had promised to attend consistently. The youth was taken for an appointment, and no immediate concerns were reported. She reportedly is

supposed to go back for follow-up. One team member reported the youth was pregnant, but no other team members mentioned this, and they indicated that they would have found out after the youth's recent doctor's appointment.

The behaviors the youth is said to exhibit that are oppositional include screaming, cursing out adults, truancy, kicking walls and throwing things. She has exhibited them throughout the life of the case. Team members were concerned about her late-night abscondances and the risks they posed to her safety. The community support worker tried to impress upon the youth that she could be removed from her guardian's care if she did not change her behavior. The youth consistently attended school for a few weeks, but she did not change any behaviors in the home. She was restrained on her first day in the psychiatric hospital, but the rest of the time she was described as "an angel" who did not give the staff any problems.

The youth receives special education services and has a current IEP. She is in her third school this school year. She was attending the local public school, but she was expelled. She then attended a charter school but continued to have problems, including threatening the principal and vice-principal. She now attends a school that is better-equipped to handle her behavior, although there was an incident very recently in which she threw things and threatened the principal. As with the medical complaints, this may have been an attempt to avoid school.

### **Parent Status**

The focus youth's mother is not very involved in her life, although she has been spending time with her older daughter recently. She has a history of mental illness and incarceration. She has been making phone calls to the hotline and the CFSA social worker, alleging maltreatment by the guardian, but team members believe she is trying to stir up trouble.

The youth's father, at the encouragement of the guardian and the family members she contacted to communicate with him, recently contacted the youth. He had feared that he would have to pay back child support, but the guardian just asked him to visit with his daughter. The youth was able to spend some time with him, and the guardian thinks this is positive. She believes the youth has felt rejected by her parents and wants them to demonstrate that they love her.

### **Caregiver Status**

While the guardian loves the focus youth and would like her to stay in the home, there were major concerns about her parenting. The guardian works long hours, even spending many nights at her employer's home (she is the caretaker of a woman with special needs). The focus youth and her sister are left at home with various adults, including the sister's father, a cousin, and an aunt. These adults make some efforts to supervise the children, but there is no consistency or structure in the home. Members of the team worked with the guardian and her employer, and the employer agreed that the focus youth and her sister could spend the night at her house when the guardian was there, but this plan never materialized, reportedly because of resistance from the youth and her sister.

At the time the guardian was interviewed, the youth was at the psychiatric hospital. She said she would allow the youth back into her home and is not opposed to continuing as her placement. She cares a great deal for the youth and takes her out to get her nails done and other treats. She

indicated other people favor the youth's older sister, and she wants to do things for the focus youth.

The guardian attends most meetings, but often her work schedule interferes. There have not been conversations about how and when the child welfare case is likely to close or what the guardian needs to do to facilitate closure.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The guardian was very satisfied with the assistance of the community support worker. She was pleased he was able to get the focus youth hospitalized, at the recommendation of the psychiatrist. She reported he frequently called and checked in, made himself available at all hours, and was up-front with the youth about the possibility of removal and what she needed to do to avoid it. He listened to her concerns about the youth's sneaking out, spoke to his supervisor about it, and then brought the youth to the psychiatrist.

The CBI worker seemed to have a good understanding of the youth's need for structure and consistency. Because of the guardian's work schedule, service providers were not able to assist the family in implementing a more structured home environment. They created house rules and a behavioral contract, but they were not followed or enforced.

### **What's Not Working Now and Why**

There have been three social workers on this case since it opened a year ago. The current social worker has only been on the case a month. While she is doing her best to get to know the family, she has not had time to be effective.

Both the guardian and community support worker reported dissatisfaction with CBI services. The community support worker stated the CBI worker was on the opposite side of his recommendations. She was reportedly more focused on helping the youth than keeping the family together, which was not a successful strategy in effecting change. Despite CBI services, the youth's behavior reportedly got worse. The CBI worker described a different situation. She stated that the youth had made a great deal of progress, but the other team members did not recognize that because they were newer to the case. She acknowledged that success looks different for different families and that others might not consider this family successful. She stated that because the youth's behaviors improved in the home (this was not the position of other team members) she focused more on the school situation, checking in with staff and observing the youth in the classroom. The psychiatrist recommended a residential placement from his first meeting with the youth, but the CBI worker opposed it. At the time of the review, the community support worker and social worker supported the youth going to a residential facility.

There is not a functional team, as the CBI worker's services have ended, and the social worker is brand-new. Family members, including those who live in the home and the youth's father, have not been brought into the case planning process sufficiently. While service providers and family members have met at various points throughout the case, they have not been able to create a case

plan that everyone is implementing, nor have they set requirements for case closure. The guardian reported not having seen any written case plan. As this is an in-home case, if the focus youth goes to a residential facility, the case will likely close automatically when the sister turns 18, since the brother is also in a residential facility.

Various team members have assessed the youth's needs, but they have not implemented appropriate services. One interviewee stated that the youth would benefit from someone to take her out and spend time with her, but no mentor has ever been engaged. The CBI services were reportedly not helpful, but they continued until their time expired. The youth requested a clothing voucher nine months ago, as her sister had gotten one, but she was never given one.

There was reportedly no discharge plan when the youth was released from the psychiatric hospital. The guardian was there to visit the youth, and the staff informed her the youth would be released to her. Team members were reportedly surprised by this, as they hoped the youth would be able to transition from the hospital to a residential placement. No supports were implemented for the guardian to assist her when the youth returned unexpectedly to her home. There is no concrete plan to refer the youth to be evaluated for a residential placement, and the team members reportedly are not sure who is responsible for making the referral, as this is an in-home child welfare case.

### **Stability of Findings/Six-Month Prognosis**

Because of the youth's recent psychiatric hospitalization and the possibility that she may be placed in a residential treatment facility, it is likely her status will decline in the next six months.

### **Next Steps**

1. Team members must plan for the youth's next placement. If she does not go to a residential facility, it will be essential that they work with the guardian and other family members to keep the youth supervised and safe. The team must work with the guardian and youth while the decision regarding a residential placement is being made.
2. The youth might benefit from a mentor, if she does not go to a residential placement.
3. The youth should be engaged to find out what she wants, what motivates her, and how she can be supported.
4. Family members, especially those who live in the home, should be engaged in the case planning and implementation processes.

The youth's father should be contacted and encouraged to keep in touch with the youth.

## Quality Services Review Case Summary

### Case # 17

**Review Date:** March 6, 2008

**Placement:** At home with mother

**Persons interviewed(6):** Social worker, former CBI worker, 3 school staff, mother

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is an 11-year-old African-American female. She lives at home with her mother, three younger siblings, mother's paramour, and her mother's 9-month old godson. Her family has been known to CFSA since 2005, as there was an open in-home case for a year due to poor living conditions and inadequate food and shelter. Two months after that case closed, it was reopened for similar reasons. There was also a substantiated allegation of failure to protect after the focus child was fondled four months ago by a family friend and known sexual perpetrator, who had been living in the home. He was charged criminally, and the mother has been informed that if he comes to the house again, her children will be removed.

The focus child has diagnoses of ADHD, ODD, and bipolar disorder. She takes Risperdal and Ritalin.

#### Child's Current Status

The focus child is not entirely safe, as she has a history of fighting with peers at school and in the neighborhood, as well as her siblings. Her mother keeps her in the house and does not allow her to play in the courtyard of their apartment complex to prevent fights, and the child recently transferred to a full-time special education school that is more equipped to deal with her behaviors. This is the only school change the child has had, as she attended her previous school since kindergarten. Now that the focus youth is in her new school and assigned a new community support worker, it is likely her child welfare case will close within the next two months. There are no concerns about the focus child's physical health.

The focus child has made progress on her violent behaviors, and there have been no reports of problems after two weeks in her new school. The child's nine-year old sister has similar, if not worse, behavioral issues, and the focus child is provoked into fights with her even when she tries to avoid them. Reportedly, the focus child has made some progress at home, and she has recently been assigned a new community support worker to work with her on behavioral issues.

The focus child is in the fifth grade. She is diagnosed as emotionally disturbed, and her grades are poor. At her previous school, she frequently got up and walked the halls, reportedly due to both her ADHD and her frustration at not understanding her schoolwork. She is prescribed medication that she should take during the school day, but due to numerous complications, she was not getting it regularly, which could have contributed to her out-of-control behavior in the classroom. The focus child moved two weeks prior to the review to a charter school that is better

equipped to work with her. There are only a handful of other students in her class, so she is able to receive a lot more attention than in her previous school.

### **Parent Status**

The mother reportedly provides ample food for the children, with periodic assistance from food gift cards from the social worker, but the home is not consistently clean, and there are many roaches. The children's clothes are not always clean. The mother reports sometimes becoming angry with the focus child because of her lack of respect, saying she tries not to yell but does not always succeed. The children fight with each other, and the mother is not able to stop them.

The mother has been moderately engaged in her child welfare case. She participated in CBI services and, according to the social worker, was able to implement and maintain some of the things she learned, such as setting aside time to work with the children on homework and keeping her house a little cleaner. She is currently working with a community support worker who is assisting her in getting into a new apartment. The mother has worked with the educational advocate and other team members to transition the focus youth into a new school.

The mother has a history of depression, which manifests through isolation and sleeping a lot. She has not proactively taken care of her own mental health. She is reportedly motivated when CFSA staff push her, but then she backs off. One strength is that she was recently able to obtain her GED online, something she had been working towards for a long time.

The mother's boyfriend of nine months lives in the home and is reportedly a support to her. He gets along well with the children, and they call him "dad." He is dependable and has been a point of contact for the school. The mother also has supports in her family members, namely her mother and siblings. She reported each of her siblings is close with one of her children, so each has an adult to whom they can turn if they have needs.

The mother reported the child's father is not currently involved in her life. She believes he may be incarcerated.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

Engaging the mother was initially a challenge because of her depression and anger, but she and the social worker have formed an adequate relationship now.

The right people have formed a team that somewhat consistently works together, although some interviewees would like more communication with the social worker. There have been numerous meetings at the previous school, as the school staff, social worker, and CBI worker discussed how to deal with the focus child's behavior. The social worker referred the child and her sister for an educational advocate, who assisted in the process of finding new schools. The focus child has been placed in a more appropriate school setting, and her sister will also be moving to another school. Stability at school may help both girls' behavior at home.

The mental health services provided by the core service agency have been positive, according to interviewees. The mother is happy to have an advocate to assist her in obtaining a new apartment, and she welcomes the support for her children. She looks forward to her child welfare case closing, and the social worker reports this will happen after the focus child's sister is stable in her new school placement.

In order to close the child welfare case, the mother and social worker agree that the children's education situation needs to be dealt with. At this point, the focus child is in her new school and doing well. Once her younger sister has moved into a new school and settled in, the social worker and mother will consider closing the case, as there are no outstanding issues regarding abuse or neglect. The family will continue to receive services from DCPS and DMH.

The social worker referred the children for an educational advocate, who was quickly appointed and has been successful in advocating for appropriate school placements for the focus child and her younger sister.

### **What's Not Working Now and Why**

There does not seem to be a clear team leader. Many participants have come together to work on the issues facing the family, but there is not a single person who coordinates services. The CBI worker has completed her services, and the child has moved to a new school. The social worker has been on the case from the beginning, but other team members reported she is difficult to reach and does not attend all meetings. There is a social services assistant who has been helpful, covering for the social worker while she was out for two months, but she cannot do everything the social worker should.

Neither the mother nor the social worker has been to the new school. It will be important to form a relationship with the school staff in order to facilitate a smooth transition for the focus child and to ensure her success. In addition, the mother did not feel empowered in making the decision about which school the focus child would transfer to. The child interviewed at a different school that the mother preferred, but DCPS decided on another one.

All of the family's three community support workers are new, and they will need to work together with the family to provide effective support if the family is to be successful.

Consistent medication management has only been happening in the past two months. Prior to that, there were difficulties getting the child her medication at school. The school wanted to be able to have a supply there and administer the child's afternoon medication. The family did not cooperate, and the social worker reportedly was not helpful in solving the problem. The family finally brought the paperwork to the school, but it was not properly signed by the psychiatrist. Some days during this time, the mother's paramour walked the medication to the school so the focus child could take it, but he was not always consistent.

### **Stability of Findings/Six-Month Prognosis**

The focus child has been making some progress in the past few weeks, and if she continues to do well in school and receive the support of a community support worker, her status should improve.

**Next Steps**

1. The entire team, including the mother, paramour, social worker, all community support workers, and school staff, should meet to plan for CFSA case closure. It will be important to have a plan in place if the family's situation worsens. The family should be made aware of the resources that can be provided by the Community Collaboratives.
2. All of the family's community support workers should work together to ensure consistency of planning for the family as a whole.

## Quality Services Review Case Summary

### Case # 18

**Review Date:** March 12, 2008

**Placement:** Foster home

**Persons interviewed(8):** Social worker, child, pre-adoptive mother, community support worker, family therapist, psychiatrist, teacher, school clinician

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is a nine-year-old African-American male. His family has been known to CFSA for many years. There were two cases closed prior to the current one, which opened in 2005. All of the allegations were due to substance abuse and neglect by the mother. The child has four older siblings – two brothers and two sisters. His brothers live with a paternal aunt and uncle and are not in care. The whereabouts of his sisters are unknown. The child does not see or ask about any of them. He is not allowed to visit his mother, and he has not visited his father in almost a year. When he did visit his father, he often had nightmares afterwards.

After being brought into care, the focus child disclosed he had been sexually abused by his mother and the people she brought home when his father was not there.

The focus child is diagnosed with ADHD, Pervasive Developmental Disorder, Mild Mental Retardation, and possible Fetal Alcohol Syndrome. He takes Concerta, Risperdal, and Clonidine.

#### Child's Current Status

The focus child is safe at school and home. There were no concerns reported about the neighborhood, and the child does not get into any physical altercations at school. The focus child has lived in three foster homes since he came into care. He has been in his current placement for 16 months. The team explored the possibility of the child living with his paternal aunt and uncle, with two of his brothers, but there was a neglect charge against the aunt, and the focus child was adamantly opposed to living with them. His current foster mother is moving toward adopting him and has submitted a letter of intent. She has an attorney and will reportedly file an adoption petition in the near future. She and other team members have clearly discussed the outstanding issues she would like to see resolved before the adoption is finalized.

One of the foster parent's outstanding concerns is that the focus child has not been circumcised. She worries about his ability to maintain his hygiene in this area, but at the child's most recent physical, the doctor did not recommend circumcision. Without a recommendation, one of the child's parents must consent to the procedure. The social worker is working with the father's attorney to track him down and get permission. The focus child is legally blind in one eye and wears glasses. He tilts his head to the side, likely as a compensation for his bad eye. He has had an MRI on his head to rule out any physical explanation. That MRI was normal, so the doctor

recommended another MRI on the child's neck to make sure there were no problems there. The focus child is periodically enuretic, so he wears a diaper to bed preventively.

The focus child has made immense behavioral progress over the past year. Problems reported by previous foster parents have not come up in the current home. The child is not violent towards himself or others, as he had been in the past. He can be hyperactive, and he sometimes pretends not to hear instructions or does not listen to his foster mother, but overall he gets along with everyone and was described by all interviewees in glowing terms. He is reportedly "wonderful" and "lovable." He enjoys singing in the church choir. The child has been described as having "gender issues." In the past, he has asked to wear a dress or has exhibited what his team members believe are feminine behaviors. Some of his team members have attempted to teach him "what boys do" as opposed to "what girls do." Another team member's assessment of the child's behavior is that he may be gay, not seeing his behavior as gender dysphoria.

The focus child is in third grade at a level IV school. He is below grade level in math and reading, but he has an IEP and receives individual assistance in school and works with a tutor on a regular basis. The tutor is in communication with the teacher, who makes suggestions on areas the child should address. The child has reportedly made adequate academic progress but has problems with recall. He learns something and then cannot remember it later. Team members predicted he will be able to hold a job as an adult, and the foster parent is working with him to be able to count money, a skill she sees as necessary for adulthood.

### **Parent Status**

The child is not visiting with either of his parents. Neither has reportedly dealt with their substance abuse problems, and the goal changed to adoption 15 months after the case opened. The parents have reportedly given their verbal consent to the adoption by the foster parent.

### **Caregiver Status**

The foster parent is described as a very good match for the focus child. She provides excellent care for him, ensuring his needs are met and including him in her extended family. She shared that if for some reason she did not adopt the focus child, her daughter says she would, as he has become part of their family. The foster mother provides appropriate discipline and monitors the child's schoolwork, although he resists doing his homework. She gets behavioral progress notes from his teacher every day. She tries to make sure the child does not drink anything too soon before he goes to bed, due to his periodic enuresis.

The foster mother has already signed the focus child up for summer camp so he can spend time with more kids his age. She has involved him in her church and facilitates his love of music. Her family provides childcare when she has to work on weekends, and she truly treats the focus child as though he is part of her family.

The foster mother has signed an intent to adopt but reportedly did not understand that she also had to file a petition. It seems she may not be clear on all of the steps of the adoption process. She may also need some support and encouragement around finalizing the adoption. She has very strong family support, and they could be engaged to plan for post-permanence.

## SYSTEM PERFORMANCE APPRAISAL SUMMARY

### **What's Working Now**

The social worker was assigned the case four months prior to the review. She previously acted as the case manager under another social worker. She is in frequent communication with the foster parent and focus child. She is aware of the foster mother's concerns to be addressed prior to finalization of the adoption, and she is working on them, but she has not always apprised the foster mother of her actions. The social worker communicates with all service providers, including the therapist, community support worker, school staff, tutor and, less frequently, the mentor, who is reportedly not always easy to get in touch with. Both the social worker and community support worker stated they wished they had more communication with each other. The team is working well together on the focus child's academic issues, and his school placement is reportedly ideal. The services provided by the community support worker seem to have contributed to the child's success over the past year, as, reportedly, has his sense of permanence. The community support worker knows the child very well and cares about him a great deal. He sees him at least once a week, and they address the child's behavior, his feelings about his family, and the sexual abuse. He communicates regularly with the foster mother to discuss discipline strategies, such as a consequence and reward box and time outs.

The child is receiving quality mental health, educational, and physical health services. The foster mother requested family therapy to address her relationship with the focus child, discipline and rules, boundaries, and to give her insight into the child's behavior. While there is interest on the part of the foster mother to participate, her work schedule has made it challenging to have sessions. In the five months since the therapist was engaged, they have only met three times, although they have talked on the phone. The team has also been responsive to the child's physical health needs, getting him glasses and scheduling the MRIs. The social worker is making efforts to get permission from the father to have the focus child circumcised.

The interviewees were satisfied with the court process. The adoption and TPR trials will be held together.

### **What's Not Working Now and Why**

No indicators were rated as unacceptable, but there were some areas that could be enhanced.

The foster mother would like certain issues to be resolved before she adopts the focus child. First, she would like him to be circumcised. The social worker is making efforts on this, but she has not shared them with the foster mother or community support worker, who both remain frustrated that the procedure has not yet happened. Second, she would like to make sure he can still attend his current school, as she cannot afford to send him there herself. She lives in Maryland, and the school is in Maryland, but the team has not yet determined that the child will be able to continue attending once the child welfare case is closed. An IEP meeting is scheduled in the very near future, and this topic will be addressed. The foster parent also wants to make sure the community support worker's services will continue. As they are provided through the Department of Mental Health, they should continue. The foster mother recognizes that tutoring and mentoring will cease, but the child has numerous supportive adults in his life, and the foster mother is considering asking her niece to tutor the focus child, as he works well with her. The

foster mother seems to have a few reservations about permanence, and team members have not answered all of her questions or worked with her on a timeline for case closure. In fact, some team members believe the adoption may be finalized at the next court hearing, which is not accurate.

The psychiatrist has been seeing the focus child for four or five months. He recently added a prescription for Clonidine to help the child sleep. He talks with the foster parent and social worker about how the child is doing at home and school. While medication management has been going well overall, two months ago the psychiatrist accidentally prescribed half the dosage of Concerta, and the child's behavior at school and home worsened. The mistake was not rectified until the next appointment.

### **Stability of Findings/Six-Month Prognosis**

The child is doing well at school and at home, and that is likely to continue, as he has consistent supports.

### **Next Steps**

1. The social worker, community support worker, foster mother, her attorney, and any other relevant participants should meet to go over the process of adoption, explain what permanency means, and answer any questions the foster mother may still have.
2. The social worker should communicate with the foster mother her efforts to get the focus child circumcised.
3. At the upcoming IEP, the team should discuss what school the focus child would attend, should the adoption be finalized.

## Quality Services Review Case Summary

### Case # 19

**Review Dates:** March 4-5, 2008

**Placement:** Therapeutic foster home

**Person interviewed (5):** Social worker, community support worker, youth, foster parent, school counselor

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus youth is a 16-year-old African-American female, whose permanency goal is reunification with her father. Her family has a long history of involvement with the child welfare system. The focus youth was in foster care from ages two-three; she then lived with her maternal grandmother until she was 12; she moved in with her father until she was 15; and she entered foster care after her father relinquished her over a year ago. A case was opened for this family two and a half years ago when the father kicked the youth's older sister out of the home. The father also has a history of physical abuse allegations.

The youth has a total of 11 siblings – two full siblings, five half-siblings on her mother's side, and four half-siblings on her father's side. Her full siblings lived with her in her father's home, but he kicked each of them out as they became teenagers and reportedly developed behavioral problems. The youth's full sister lives in a group home, and she is the only sibling in care. Two of her paternal half-siblings live with her father and step-mother.

The focus youth's mother has lived outside of the District for many years. She briefly returned when the youth came into foster care, but she subsequently disappeared again. She currently lives in Arizona and speaks with the youth on the phone regularly. She has a history of mental illness and substance abuse.

The focus youth has participated in services through the Department of Mental Health prior to her involvement with child welfare. She was briefly in therapy as a pre-teen due to attempted sexual abuse by a family friend, who sexually abused her sister. The focus youth was hospitalized for pulling a knife on her older brother, and her father refused to allow her to come home after her release. She was diagnosed with depression at this time, and she was diagnosed with ADHD when she was eight years old. She takes medication for each of these diagnoses.

#### Child's Current Status

The focus youth is reportedly safe in her foster home and at school. The foster mother said she trusts the youth to be in the home when she is not there, as long as the 18-year old foster child in the home is there as well. Stability has not been strong at home, or at school. The focus youth has been placed in two group homes and two foster homes. She has been in her current foster home for 10 months and her current school for six months. The focus youth missed a great deal of school last year because of suspensions and refusals to attend. Now that she is enrolled in a

level IV school she is doing better behaviorally. She has been suspended twice this school year but not in recent months. She has been in four classrooms this school year, due to her tendency to get into altercations with her male peers. In her current classroom, she reportedly is supported by her female peers and largely left alone by her male peers. Her grades are excellent, and she is described as very smart, testing at a college level in reading and math. She has aspirations of attending college to be a marine biologist, nurse, or lawyer.

The youth is reportedly healthy, although she smokes. She is of average height and weight and has no reported chronic conditions. Her social worker, foster mother, and community support worker talk with her about safe sex. On one or two occasions in the past, the youth has snuck a boy into the foster home, but the foster mother addressed the issue with her and talked about the right way to date – introducing him to the foster mother and potentially having her talk to his mother. The youth wants to date someone now, and the foster mother has plans to talk to his mother if the youth continues to be interested in the young man, as his mother has similar dating rules.

The youth has made great progress in her behavior over the past few months. Whereas she once had some problems horseplaying with her peers at school, these incidents have decreased to the point of almost being eradicated. Her angry outbursts of cursing at peers and school staff have also decreased. Currently, her main behavioral issues are becoming distracted by others and getting off task. She is doing well on a behavioral contract that offers rewards after three and ten consecutive days without incidents. She frequently achieves three consecutive days without incident, but she has yet to maintain her behavior for ten days. The youth has formed close relationships with her foster mother, her community support worker, and staff at school. She has made great insights into the motivations behind her behavior. She has acknowledged she does not want to become her father, letting her temper rule her. She is now able to calm down, apologize, and take responsibility when she gets angry. More often than not, she reaches out to her school counselor or community support worker to help her calm down, or she takes a time-out. Considering the fact that the team had at one time been considering a residential placement for this youth, she has made a great deal of progress.

The youth is learning appropriate independent living skills for her age. She can utilize public transportation and cook some. She struggles to keep her room clean. There are no concerns that she is using drugs, and she does not have a criminal record. She does not have many of the 100 volunteer hours she needs to graduate, and it does not seem that anyone on her team is assisting her in completing them.

If the youth had three wishes, she would speed up time but still learn so she could get through college, time travel to find out if some of the family stories she has heard are true, and then she would wish for three more wishes.

### **Parent Status**

The youth's father continues to insist that his daughter should be in a residential placement. Other team members' assessment is that he does not understand normal teenage behavior and has kicked out each of his children when they reached that age. The youth describes him as overprotective, and other reported that, while he does not want the youth to return to his home at

this time, he has control issues and still wants to know everything that is going on with her. He became upset at her recent administrative review because it was revealed that the youth had at one time been sexually active. He did advocate for the youth to receive services at her most recent IEP meeting.

The youth is allowed unsupervised overnight visits with her father. While the youth loves to spend time with her younger siblings, she is jealous of and does not get along with her stepmother. This leads to conflict with her father, as she reportedly wants him to choose between them. The youth has not spoken to her father in a month, as a result of problems during her last weekend visit.

The court has recommended the father participate in family therapy, individual therapy, and parenting classes. He has refused all of these services but recently agreed to participate in family therapy, as the judge made it a requirement if he is to be reunified with the youth.

According to the youth, her mother lives in Arizona, but they speak on the phone approximately weekly. The mother recently sent her some pictures from her childhood. The mother is not engaged with any service providers in D.C.

### **Caregiver Status**

The foster parent is doing an excellent job working with the youth. She ensures there is sufficient supervision, cooks balanced meals, and utilizes appropriate discipline, such as taking away the youth's phone or cable if she breaks rules. The focus youth calls her foster parent "mom," and they have a close relationship.

The foster parent is committed to continuing to care for the youth as long as she and the other young woman do not fight with each other. She works very well with the community support worker but is frustrated with the lack of communication by the social worker. She was able to successfully utilize respite a few months prior to the review, when the focus youth was fighting with the new foster youth in the home. The youth went to stay with her grandmother, and the team came together to plan for stabilizing the placement. Thus far, they have been very successful.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

Most of the right team members are communicating regularly with each other. The father, social worker, case manager, and GAL's representative attended the administrative review. There are frequent meetings at the school, including a recent IEP. There is coordination between the school and the foster parent. The school staff keep the foster mother updated on the youth's behavior at school, so rewards and consequences can be consistently implemented. The community support worker was described as "the best," and her work with the focus youth seems to have contributed to the progress that has been made. She is in contact with the school, social worker, and foster parent regularly to ensure they are all aware of current issues.

The team members have assessed the need for the youth to participate in therapy. Referrals have been made for family therapy in her father's home, as well as in her foster home, with two different therapists. Reportedly, it has been difficult to set up the therapy, but it is supposed to begin soon.

When there was conflict between the youth and the newly-placed foster youth in the home, the foster mother asked for respite to allow the situation to settle, and the social worker arranged for the youth to spend time at her paternal grandmother's house.

While the family has not made strong strides towards achieving the goal of reunification, the social worker indicated she would not advocate to change the goal to APPLA once the ASFA timeline for reunification runs out. She would approach family members and discuss the possibility of adoption first.

The youth reports being in contact with all of the family members she would like to be. She was seeing her older sister at their grandmother's house, but now that her sister has moved to a group home, they visit in the community. The youth is reluctant to visit her grandmother because she allows the man who molested the youth and her sister in the home.

#### **What's Not Working Now and Why**

The foster parent and youth do not feel sufficiently engaged by the social worker or case manager. The youth reported not trusting the social worker because she has revealed things to her father she promised not to. The social worker reportedly rarely does home visits; rather, she sees the youth at medication management appointments and at school. The father has resisted a productive relationship with the social worker, agreeing to services only when they are court-ordered.

The team has not created a clear, time-sensitive case plan that will bring them to the permanency goal of reunification. The current plan seems to be that the father will participate in therapy with the focus youth, and the team will reassess once this has begun. The father has not participated in therapy before, and interviewees report he only seemed like he would be compliant recently because the judge ordered him to participate or face consequences.

The school is unclear how many credits the youth has, as she has only been attending for six months. For that reason, they do not know if she is in the 10<sup>th</sup> or 11<sup>th</sup> grade, and there is no timeline for graduation. Team members reported that they may need to work with the father to track down the information, but this has not yet happened.

The youth does not attend court, although she would like to. The GAL is new and reported to the focus youth after the most recent hearing that her father did not want her to return home, which was not accurate. The family has not been moving towards reunification, and it was the judge at the most recent hearing who insisted on family therapy as a way to rectify this situation. The judge recognizes that the ASFA timeline is running out, but there is not a clear case plan to achieve the goal of reunification.

**Stability of Findings/Six-Month Prognosis**

The youth's status is likely to improve over the next six months. She has made a great deal of progress, and interviewees predicted this will continue.

**Next Steps**

1. The social worker and case manager should work to further engage the youth and foster parent to repair the lack of trust.
2. The team should meet with the father to concretely plan for the future and assess whether or not reunification is a realistic goal. If it is not, potential kinship placements should be identified and explored.
3. The team must continue to work with the school to determine how many credits the youth has and to plan for her graduation, including completing her volunteer hours.

## Quality Service Review Case Summary

### Case # 20

**Review Date:** March 5, 2008

**Placement:** Group home

**Persons Interviewed (6):** DMH community support worker, DMH supervisor, paternal grandmother, youth, CFSA social worker, and group home supervisor. In addition, school documentation was obtained by the reviewers even though the school counselor was not available at the time of her appointment.

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus youth is an 18-year-old African-American female, who currently resides in a group home. Her family has a long history of involvement with the child welfare system starting when she was in elementary school. Approximately two and a half years ago, the case was re-opened after the youth's father forced her out of the home. There were additional allegations of physical abuse by the father. The youth was placed with her paternal grandmother, and her permanency goal was changed to guardianship. In March 2008, the youth was removed from her grandmother's care when her behavior became too extreme for her grandmother and her aunt to control. The aunt and other relatives reported to the social worker that they could not ensure that they would not physically discipline the youth. She was placed in a group home. She has a permanency goal of Alternative Planned Permanent Living Arrangement (APPLA).

The focus youth's mother lives outside of the District of Columbia and is marginally involved (via telephone) in the focus youth's life. She reportedly has a history of mental illness and substance abuse. The youth is supposed to have supervised visitation with her father. She visits him on her own; however, these visits are few and far between. She has liberal, unsupervised visits with her grandmother and siblings.

The youth has a total of 11 siblings; two full siblings, five half-siblings on her mother's side, and four half-siblings on her father's side. Her full siblings lived with her in her father's home, but he kicked each of them out as they became teenagers and reportedly developed behavioral problems. The youth's full brother currently lives independently, and her full sister lives in a foster home. Two of her paternal half-siblings live with her father and step-mother.

The focus youth has participated in services through the Department of Mental Health prior to her involvement with child welfare. Previously, she was briefly in therapy due to attempted sexual abuse by a family friend, who sexually abused her and her sister. The focus youth receives community support services through the Department of Mental Health (DMH). They have recently assigned an individual therapist as the youth indicated that she would be open to therapy once again. The youth receives case management through CFSA.

### **Child's Current Status**

The focus youth was described as being very smart, articulate, social, and talented in singing and poetry. Some of her challenges include her level of immaturity, problems with authority, and having a habit of “cutting her nose off to spite her face” in response to stress, crisis, or lack of attention. An example of this that several team members used is the youth will respond to things she is unhappy about with, “Fine. Then I won’t go to college.”

In terms of safety and stability, the youth was removed from her grandmother’s home within the past 30 days due to her increasingly disruptive behavior and the other family members stating that they did not believe that they could refrain from using physical punishment. She was placed in a group home but was able to remain in her home school. Most team members do not believe that the youth is unsafe at either the group home or at school and commented that she was doing well overall. The group home provider indicated that while the youth had been very compliant during the first several days of her placement, she has become more expressive in her unhappiness that she has not been moved directly into an Independent Living Program (ILP). She has also had some trouble complying with the completion of household chores. The group home provider indicated that they understood that she had just been removed from living with her family and that it is too early to tell what type of resident she will be.

The youth is presently in the 12th grade at a local high school. She does not receive any special educational services. She usually maintains A’s and B’s for grades and is not seen as troublesome in her classes. She does have a record of excessive tardies, but she comes in late and does her work. She was suspended once six months prior to the review but has not had another suspension. Team members expressed that the youth is clearly college material, yet she has not completed any college applications or requested information from potential colleges. Several team members believe that the youth is fearful of college and if she will be able to “measure up.” so she is passive-aggressively not working towards applying to college. For example, she wanted to go to the SAT Preparation course. The agency paid for it multiple times, yet she never attended.

As previously reported, the youth has participated in therapy at different times over the past several years. The reasons for disruption were therapist turn-over and the youth’s refusal to attend. People indicated that the last period of therapy ended because the youth became very active in high school and did not have time to attend weekly therapy. Then the therapist left that agency. It appears as though all team members see a need for the youth to be in therapy in order to deal with her issues with her father and her mother. In addition, there are multiple issues with her grandmother, including the fact that her grandmother decided against completing guardianship of her and that the person the focus youth accused of sexually molesting her and her sister is still allowed in the grandmother’s home. Several people believe that the youth would benefit from art or creative writing therapy. Within the last 30 days, the social worker indicated that the youth agreed to therapy again. He quickly made the referral and a male therapist has been assigned. It is unclear if the youth will actually engage in therapy.

The team believes the focus youth could use assistance in developing her independent living skills, especially considering her age. They were concerned that she does not know how to budget and was not consistent with her summer employment. Two team members commented

that when the youth resided with her father she had to do a great deal of household chores, but when she lived with her grandmother her grandmother did almost everything for her. There is also the thought that while the youth can be extremely independent she may need some hand-holding to actually achieve necessary steps. One of her coping skills is that when she is confronted by something new or something she is afraid of she refuses to do it altogether. She is able to do household chores, cook, do her laundry, Metro unaccompanied, schedule and maintain her extra-curricular activities. She has not had any trouble with the juvenile or adult legal systems. She has not been known to use or abuse drugs or alcohol. She refuses to attend the Center for Keys for Life (CKL), yet no one was able to identify reasons why she would not attend. After some reflection, one person said, "Maybe she's afraid of it." All team members see CKL as the perfect program for this young lady.

The youth is up-to-date on her annual physical and dental appointments. One team member indicated that the youth would like some assistance with a gynecological evaluation. There were no reports of any medical concerns.

### **Parent's Status**

While the grandmother and the birth father were not rated due to the permanency goal being APPLA, they are influencing the youth's life. The youth rarely visits her father and her stepmother, and when she does the visits are reportedly not positive. Team members describe the father as a man who has chosen his younger wife and second set of children over his older children. He is very controlling and demanding of them, especially when they resided with him. There have been allegations that the father abuses alcohol and that this negatively impacts his interactions with his children. Historically, the father has not complied with court orders related to reunification with his daughter.

The grandmother expressed a great deal of sadness that the youth had been removed from her home. She commented that she wished things had been different, but she just could not handle the youth's behavior (destruction of property, yelling, intimidation). She stated that her adult daughter, who also resided in the home, and her other grandsons were very upset with the youth and could not promise that they would not use physical punishment in order to "protect" the grandmother. The grandmother gave some insight into the youth's relationship with her birth parents. One very telling comment was that the birth father had specifically told the youth and her siblings that "they didn't have to respect anyone." She stated that this is why the youth has trouble with authority sometimes. She commented that the parents had both abandoned the youth at different times in her life. For example, the birth father has specifically chosen his younger new wife and children over the youth. In addition, the grandmother was able to acknowledge one of the sources of tension between her and the youth – the fact that she chose not to finalize the guardianship. She stated that the youth "told me over and over again that she didn't want to me to get guardianship. Then when I didn't because of her behavior she got very angry and kept yelling at me that I should have done it regardless of what she said."

### **Caregiver's Status**

The youth had only resided in the group home for less than 30 days; thus far, the group home staff were found to be providing for all her needs. One staff member indicated it was known that the youth had been removed from her grandmother's home and that was something they wanted

to keep in mind in terms of dealing with the youth. They will send someone to Administrative Review meetings and court hearings.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The engagement of the youth and father were adequate. The social worker meets with the youth regularly and appears to have a working relationship with her. She maintains contact with him and participates in meetings. He is very strong with her and “does not feed into her drama.” The social worker went above and beyond in his attempt to maintain the youth’s placement with her grandmother and continues to extend great effort in encouraging the youth to maintain relationships with her family members.

The social worker and other team members have also attempted to engage the youth’s father; however, he chooses to not participate on behalf of this child. He will not participate in her part of any court hearings; he does not attend Administrative Reviews and does not wish to participate in any meetings related to her future. The social worker also checks in with the youth’s grandmother and actively keeps her involved with the youth even though she does not reside in her home.

The social worker is seen as the leader in this case. He coordinates communication with active team members and maintains contact with the youth. Several key people are involved in this case, including the youth, the grandmother, and the GAL. As the youth recently moved into a group home, the staff has not been fully integrated into the team. The school does not seem to be integrated into the team either. The youth has had a revolving door of community support workers (CSW) through the Department of Mental Health. Due to the CSW turnover, there is very little connection between the social worker and DMH.

Team members have an adequate assessment of the youth. They see her strengths and her challenges; however, the team needs to look deeper into the youth’s motivations behind her behavior and verbal aggressiveness. For example, the youth’s trigger response to unhappiness is “I’m not going to college.” The team’s understanding of her fear of failure and new experiences could improve their relationships with this young lady.

Team members felt that their court experiences were positive overall. People felt the judge took the time to listen to them and respected their opinions and recommendations. They felt that the judge took the time to talk with the youth when she attended court and that decisions were thoroughly thought through. There was a report that the court reports were often late; however, they are always thoroughly written.

### **What's Not Working Now and Why**

There are several areas of case planning and implementation that need to be improved. One is the youth’s academic status around when she will graduate and what steps need to be taken in order to have her apply to colleges. The social worker acknowledged that he needed to talk with the youth about her future plans and create a case plan around achieving her goals.

The social worker needs to work with the youth and the Department of Mental Health on developing a plan for her attending therapy and what therapeutic issues need to be addressed. In addition, the team needs to devise a plan for the youth's involvement with the newly assigned CSW. It would be beneficial for the team to evaluate the need for a CSW, especially if there is a continuous turnover for workers.

### **Stability of Findings/ Six-Month Prognosis**

The 6-month prognosis for the focus youth is to continue status quo. Even though she has recently experienced a great deal of upheaval in her life, she is a smart girl with adequate survival skills. She has maintained contact with her grandmother and siblings, and has an active GAL and social worker.

### **Next Steps**

1. The social worker and the DMH therapist will identify creative alternative ways to engage the youth in therapy (poetry, art, music).
2. Team will meet with the youth to discuss her current and future needs and goals. Team will develop a plan around achieving these goals.
3. The youth often shows ambivalence or pushes people away, especially when faced with something new. She may need hand holding in order to do certain activities for the first time until she becomes comfortable, i.e., attending the Center for Keys for Life. Social worker will accompany the youth to her first meeting at CKL.
4. Team members will create a clearly written case plan around improving the youth's independent living skills.

## Quality Services Review Case Summary

### Case # 21

**Review Date:** March 6, 2008

**Placement:** Therapeutic foster home

**Persons Interviewed (7):** Social worker, community support worker and supervisor, birth mother, child, foster mother and school therapist,

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is a nine-year-old African-American male, who resides in a therapeutic foster home. He has three brothers, age 16, 10 and 18 months old, and one sister, age eight. He resides in a foster home with his 10-year old brother. The focus child was removed in June 1999 after allegations of drug use and lack of gas and water in the home were substantiated. The focus child and his two brothers were removed and placed with a godparent in a third party placement/guardianship home. The children resided there for five years and were later removed due to suspicion of neglect. The eldest child went to live with the maternal grandmother, and the focus child and older brother moved to their current therapeutic placement, where they have lived for the past three years. The current permanency goal is adoption for the focus child and his brother. The termination of parental rights has been held in abeyance, as the social worker and other parties on the case are in agreement in considering a change of goal to reunification with mother at the next court hearing.

The mother has a history of crack/cocaine use and is diagnosed as being mildly mentally retarded. She currently has supervised visits two times per month in her home with the focus child and his brother. The maternal grandmother resides in the same apartment building as the mother, giving the children an opportunity to visit with all of their siblings and other family members when they visit with mother. The father of the focus child has been in and out of prison while the children have been in care. He was recently released from prison three months prior to the review and contacted the social worker the month before the review about resuming visits with the focus child. Prior to his last incarceration, father was visiting the children sporadically.

The focus child was diagnosed with Pervasive Developmental Disorder NOS and ADHD. He is currently taking Risperdal, Concerta and Ritalin. He experiences enuresis almost daily and encopresis at least once monthly. His last mental health evaluation was November 2006.

#### Child's Current Status

The focus child attends a special education school that also provides therapeutic services. He is not classified as being in a grade due to his diagnosis. The focus child receives individual and group therapy, art and occupational therapy, as well as speech and language therapy. He has been attending his current school since the 2005-2006 school year and has adjusted very well. The last IEP meeting was five months prior to the review, and the focus child is receiving all

recommended services. Although he has shown improvement in the classroom and received primarily Satisfactory and Outstanding grades, he still struggles with math.

The focus child has a hard time trusting people and developing relationships with others. He is often very anxious and exhibits avoidant behaviors, especially during periods of transitions. For example, he had a difficult time understanding and adjusting to visiting with his mother and the distinction between her and his foster mother.

The focus child is safe both at home and in school. He has been stable in his current setting in school and at home. He has the appropriate supports at home and at school to assist him in his daily living activities. He has a community support worker that meets with him a few times per month to work on behavior modification, and his psychiatrist monthly and has developed a good relationship with them both. He has had the same psychiatrist and community support worker for approximately two years.

His last physical was May 2007 and dental checkup was June 2007. He had several diagnostic tests done such as a neurological exam, EEG and MRI to evaluate the extent diagnosis and to rule out medical causes of his enuresis and encopresis.

### **Caregiver Status**

The foster mother was described as being the epitome of a therapeutic foster care placement. She has remained committed to caring for the focus child and his brother. She is able to keep up with necessary appointments, meetings and follow-ups that are needed. She has a strong bond and relationship with the focus child and his brother as well as the birth mother. She supervises one of the visits with the mother and the siblings each month. She usually plans an outing for the park, a restaurant or free community event. She talks with the birth mother on the telephone regularly and has a mentoring relationship with her where she helps to guide and support mother in parenting successfully.

She ensures that the focus child attends his monthly meetings with his psychiatrist and receives his medication as prescribed. She has expressed that she is not interested in adopting the boys; however, she plans on working with mother on reunification. She plans to serve as a Godparent if the children return home and to provide supportive and respite supports to mother as needed.

### **Parent Status**

Mother had a history of not following through with visits and fully working on having her children return to her. However, in the past few months she has made a complete turnaround and is now devoted to having the boys return to her care. She is now consistent with visiting and planning. She is described as being open to suggestions on how to appropriately engage the focus child during visits. She has incorporated those suggestions and has even showed initiative in planning organized activities for them to do as a family. She is open to and has exhibiting understanding her children's behaviors and their special needs.

She was a full participant in the last IEP meeting for the focus child. She participated in a bonding study that was recently conducted to evaluate the relationship between her and the boys.

She is also cooperating with all service suggestions and referrals, such as to DDS for specialized parenting skills classes for parents and children with special needs.

She has been caring for her two youngest children and is able to meet their needs. Those interviewed had no concerns regarding the level of care of these children.

### **Factors Contributing to Favorable Status**

The focus child is in a home in which he feels very comfortable and is with a caretaker who is very supportive. This placement has been stable for three years. He is receiving all of the necessary therapeutic services and is in an appropriate educational setting to meet his needs. He is in a home with his brother and has regular visitation with his birth family and siblings. The foster mother is providing excellent care for the focus child and is very supportive of the birth mother's goal of reunification.

### **Factors Contributing to Unfavorable Status**

Efforts to find an adoptive home for the focus child and his brother have turned up no viable options. Those interviewed expressed that the focus child's brother has a stronger bond to the birth mother than the focus child. The focus child was removed as an infant and has not developed a strong relationship with mother. It took him several months to a year to feel comfortable with his current foster mother. It is very difficult for the focus child to adjust to change. Any move to achieve permanency will be challenging for the focus child and must be well thought out and planned for and must incorporate all team members.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The social worker on the case appears to have an excellent relationship with the focus child, birth mother and foster mother. She has provided advocacy and support to mother. She was described as someone who genuinely cares about the child and family and has become someone that people trust. She communicates with all team members and has made good assessments of the family's functioning. She has followed through with making necessary referrals for the family, such as for the bonding study, DDS for the mother, etc. She has ensured that the birth mother is included in critical meetings regarding the focus child, such as the last IEP meeting.

The social worker was able to give a detailed history regarding the focus child from the date of placement to present, although she has been on the case for only two and a half years. This allows her to make accurate, ongoing assessments of the child and family.

All of the focus child's service providers have been involved for at least two years, including the social worker; this provides continuity for the focus child and helps him to build relationships with those involved with his case. It also gives team members an opportunity to build a strong flow of communication and have a uniform assessment of the child's and family's needs. While the focus child has upwards of six different mental health specialists working with him, the social worker is able to maintain regular, meaningful contact with all of them and be knowledgeable of the focus child's achievements and areas still needing improvement.

The social worker has been able to pinpoint specific behaviors and risk factors that must be addressed to move the case towards safe case closure. Critical team members, the social worker, birth mother and foster mother, were able to verbalize a detailed plan that outlines steps toward reunification, including timeframes for increased visitation and specific services to be implemented to support the family, such as family therapy.

### **What's Not Working Now and Why**

The psychiatrist on the case is said to be very busy and is not able to communicate often with the social worker and other team members. She has a high caseload and a tight schedule. The therapist at school had some concerns regarding the focus child's medication and had a difficult time getting in contact with the psychiatrist to discuss her observations. While team members meet to discuss the focus child's treatment, the psychiatrist is often not involved due to her schedule. Those interviewed stated that although their meetings are brief, the psychiatrist has been able to engage the focus child and have gotten him to open up during the time that she has been working with him

While the birth father has reached out to the social worker to resume visits, she had not responded to him at the time of the review. However, there was a plan in place to team with father's attorney to ensure that father was prepared to be consistent with his involvement, as the focus child has difficulty interacting with and trusting people. The hope is to avoid as much transition as possible and thoughtfully plan for all necessary transitions/changes in the case ahead of time.

### **Stability of Findings/Six-Month Prognosis**

The expectation is that this case will continue status quo as service providers work to maintain the progress that the focus child has made as the permanency plan is identified and incremental steps mapped out if reunification with mother is pursued.

### **Next Steps**

1. Explore both maternal and paternal relatives as a permanency resource for concurrent planning.
2. Develop a visiting plan for the father and the focus child, including making opportunities for father to learn about the focus child's needs to have a better understanding of his behaviors.

## Quality Services Review Case Summary

### Case # 22

**Review Date:** March 3, 2008

**Placement:** Traditional foster home

**Persons Interviewed (6):** Child social worker, family social worker, therapist, psychiatrist, foster parent, and teacher.

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is a nine-year-old African-American female who resides in a traditional foster home. She has three brothers, ages twelve, six and three. The three-year old resides in a foster home, while the two other brothers are living with relatives. The children were removed in September 2005 following a call to the hotline which described a fractured femur of the three year old, then only eight months old, without a plausible explanation from mother and her paramour. The children went to live with their maternal grandmother and were there for a year before entering different placements. The focus child has had three different placements in total and has been in her current foster home for seven months. The current permanency goal is reunification; however, at the time of the review, the social worker recommended the goal be changed to guardianship with a maternal relative.

The focus child has biweekly unsupervised visits with her mother and siblings at her mother's home. These visits have recently stopped due to the focus child's chronic asthma. She had severe asthma attacks following visits with her mother in the six weeks prior to the review. The focus child has no contact with her father. While the identity of the focus child's father is known his current whereabouts are unknown.

The focus child was diagnosed with ADHD in 2005 and later with ODD as well. She has been taking Concerta since being diagnosed. She had a full psycho-educational evaluation in April 2007. She receives therapy biweekly and sees a psychiatrist for medication management approximately every sixty days.

#### Child's Current Status

Two months prior to the review, the foster mother's adopted teenage daughter had been shot and killed by a drive by shooter after exiting school one day. This traumatic event has affected the entire household. In addition to the focus child, the foster mother has another adopted daughter, age 13, and two other female siblings in care, ages 13 and 14. The foster care agency has provided two therapists to do short term, in-home grief counseling two times per week, in which the focus child also participates.

The focus child is safe both at home and in school. She has expressed some fear and anxiety of also being shot on her way to and from school. The foster mother escorts her to and from school daily. Her feelings are being addressed in the sessions at home, as well as her individual

sessions with her therapist biweekly. She has been seeing the same therapist since she began services in November 2005. The therapist uses different art and play techniques to address the focus child's avoidant behaviors and anxieties in addition to grief and loss (loss of foster sibling, placement changes, separation from siblings and mother). There are concerns both at school and at home that her current medication is not working effectively to keep the focus child calm. She is reported to have difficulty attuning to simple tasks and staying focused.

The focus child is in the third grade. She is not receiving any special education services. She has been in her current school since August 2007 and was described as having adjusted well earlier in the school year. However, interviewees report a decline in her school performance and behavior in the last few months. She is not completing her homework and has been disruptive in class, making it difficult for her to focus. She has a tutor who comes to the foster home weekly; however, the tutor also has a hard time getting her to sit for the session and to focus. During the session she frequently gets up stating she has to go to the bathroom or go in another room for something. There is an educational specialist assigned to the focus youth through the foster care agency. There had been a team meeting at the school to discuss implementing a 504 plan to encourage positive behavior changes before following up with an evaluation and IEP. At the time of the review the 504 plan had not been developed or instituted.

She has completed a physical in March 2007 and is need of a check up. She is healthy and has no medical concerns other than her asthma. She receives treatment as needed. Her last vision and dental checkups were in August of 2007.

The focus child was described as being pleasant, delightful and talkative. Overall, she has adjusted very well to her current foster home. She has friends in the community with whom she plays in the park and few friends in school.

### **Parent/Caregiver Status**

By all accounts of those interviewed, the foster mother appears to be able to provide a safe and stable home for the focus child. She is committed to caring for the focus child until she reaches permanency.

The foster mother ensures that the focus child attends her therapy sessions and is given her medication as prescribed. She has responded appropriately when the focus child returned from visits with her mother with labored breathing by taking her for emergency treatment. She has been mindful to minimize risks in her home that may trigger the focus child's asthma. She participates in team meetings regarding the focus child's treatment, school/education and permanency as requested of her.

### **Factors Contributing to Favorable Status**

The focus child is in a home in which she feels very comfortable and is with a caretaker who is very supportive. This placement appears to be stable. Given the recent tragedy that befell the family, the household appears to be coping with the loss. The focus child continues to receive all services consistently.

### **Factors Contributing to Unfavorable Status**

Although next steps were identified at the least team meeting at school, there has been no follow up to address the child's educational needs or her behaviors at school, which may be in reaction to the recent family tragedy.

Mother has cats and dust in her home, causing the focus child to have severe asthma attacks. Mother did not follow up on a referral to Children's Hospital Asthma Program to learn more about reducing risk factors in her home. The foster mother has mentioned taking the focus child to her aunt's home to meet with her siblings outside of her mother's home; this has not happened, and no contact had made been with the aunt to make arrangements.

Some of those interviewed had concerns regarding the focus child's current medication regiment but had not brought it to the attention of the psychiatrist or other team members.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The social worker appears to have a good relationship with the foster mother. The agency was able to promptly institute therapeutic services for the family after the recent tragedy. The therapist is the initial one assigned to the case and has developed a close relationship with the focus child and has been a stable person in her life since her removal.

### **What's Not Working Now and Why**

The current social worker had only been on the case for approximately eight weeks prior to the review and is the third in the past year. During these multiple case transfers, new social workers assigned to the case must make their own assessments that do not necessarily take the past case activities into account.

The children are in four different foster homes with no plan for sibling reunification. All four children have different permanency goals. For the focus child, guardianship has been recommended; however, there has been no contact made with potential family members. Paternal relatives have not been explored. There is no clear timeline for when the focus child will be able to achieve permanence. At this time reunification has been described as not being a viable option as mother has had a history of unstable employment and living arrangements. Mother also has not made any effort to reduce risks in the home that cause the focus child to have asthma attacks during visits.

Those interviewed described that there are two teams working on this case: the treatment team and the case planning/permanency team. Each team appears to include different people, thus limiting information sharing among all parties.

No efforts have been made to locate the focus child's father or paternal relatives. He has not been explored as a resource on the case.

**Stability of Findings/Six-Month Prognosis**

It is likely that this case will continue status quo as the social worker continues to explore guardianship options.

**Next Steps**

1. Follow up and explore both maternal and paternal relatives as a guardianship resource.
2. Develop a visiting plan for the focus child, mother and siblings. The plan could include outdoor locations as there are concerns with mother's home being hazardous to the focus child.
3. Follow up with school to ensure that behavior modification and/or 504 plans are developed. Also explore making counseling services available in school.
4. Evaluate current medication and consider another psych exam to look at child's current functioning.

## Quality Services Review Case Summary

### Case # 23

**Review Date:** March 12, 2008

**Placement:** Kinship foster home

**Persons Interviewed (4):** Social worker, community support worker, foster mother, and the probation officer

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus youth is a 16-year-old African-American male whose goal has always been guardianship with his Godmother. He has three sisters, ages twenty three, twenty one and eleven. He has six brothers, ages 24, 15, 14, nine and six-year-old twins. The biological mother passed away in May 2005 from heart disease. All of the children were split up and went to live with relatives. The three oldest children, including the focus youth, went to live with a maternal aunt. After six months the focus youth was removed due to frequent abscondances and difficulties in the aunt's home. He was placed in a group home for approximately one year before being placed by himself with his Godmother for almost two years. For the past month, he has been placed in a shelter home through the Department of Youth Rehabilitative Services (DYRS).

The focus youth's father reached out to the CFSA social worker in August of 2005, before the focus youth was placed, seeking custody of him and his younger brother. It was reported that the father was unemployed and did not have stable housing to accommodate the boys. Court reports noted that he was referred to a community agency for assistance. There is no current information on the whereabouts of or level of involvement with the focus youth and his father. It was reported that the youth maintains contact with paternal relatives.

The focus youth reportedly visits with his younger siblings on a regular basis but does not have much contact with his older siblings. He is also reported as being connected to his maternal relatives.

The focus youth is currently under probation since August of 2007. He had recent charges two months before the review for unauthorized use of a car, reckless driving and leaving the scene of an accident. These charges led to his placement in the DYRS facility. The focus youth has a history of marijuana abuse dating back to his commitment into the foster care system. He has participated in outpatient substance abuse services. He is currently mandated to take weekly drug tests while on probation.

The focus youth receives mentoring and tutoring services twice weekly since entering foster care. He also receives services from a Community Support Agency. These services initially included home-based substance abuse treatment. A community support worker is also assigned

to meet with the focus youth once weekly. He is not on any medication and is not receiving any mental health services.

### **Child's Current Status**

The focus youth is in the 10<sup>th</sup> grade. While he reportedly attends school daily, he has poor class attendance. There was no information available on the focus youth's grades in school. Those interviewed did state that there are no concerns regarding his behavior at school or at home. He was described as being very personable, mannerly, engaging and well liked. Those interviewed felt that the focus youth is very impressionable and could be influenced easily. They believe that his recent involvement with law enforcement stems from peer pressure.

The focus youth was placed into a group home by DYRS approximately one month prior to the review. His placement was court-ordered and at the time of the review he was awaiting a court hearing as to the status of this placement. The focus youth has been using marijuana on and off since age 13. He was receiving weekly drug testing through his probation officer between August and October 2007 in which he continuously tested negative. He moved to random spot testing for two months until he had a positive test for marijuana use. Weekly tests were then reinstated. When the youth would show up for testing, he was positive between December 2007 and February 2008. He is mandated to participate in a weekly drug counseling group for which his attendance was unknown.

Interviewees reported that the focus youth has declined all therapeutic services offered to him. He received grief and loss counseling shortly after his mother passed away for a few months in 2005. However, he refused to participate in any other counseling. The social worker noted that he appears to get depressed around the anniversary of his mother's death and will become more withdrawn. He has no noted medical concerns and is up to date regarding his routine examinations.

Reviewers were unable to interview the focus youth or his mentor who is also his tutor. Therefore information regarding the focus youth's current status is limited.

### **Caregiver Status**

The foster mother appears to be providing a stable environment for the focus youth in that he has been placed with her for nearly two years with no abscondances. His foster mother reported that she gets along very well with him. Those interviewed stated that there appears to be a good bond between them. However, there was some concern that the foster mother does not provide much structure for the focus youth. Some interviewees were concerned that the foster mother has not made boundaries clear in the home and that her relationship with the youth is more of a friendship than one of a caretaker. There were also some concerns regarding when the goal of guardianship would be finalized as the foster mother is unemployed and has a history of needing emergency financial assistance often from CFSA to cover her monthly expenses. The foster mother was referred to a community collaborative agency for assistance with finding more affordable housing and help with budgeting her monthly income. Reviewers were unable to contact the collaborative worker.

While the foster mother was described as being cooperative, there are concerns regarding her level of participation with planning for the focus youth. For example, she did not report to the social worker her concerns regarding the effectiveness of the mentor/tutor who was not coming to her home twice a week as scheduled. Also, she had not told the social worker or any other team member about her pregnancy, which she informed reviewers of during the QSR interview. She was five months along and had not shared this with anyone prior to the review. Interviewees stated that she received the focus youth's report card, but had not shared it with other team members or fully updated them on the focus youth's progress in school.

### **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

Reviewers were unable to rate the system indicators and provide an assessment regarding the six month forecast and next steps for this case as they were unable to interview sufficient members of the focus youth's team, such as the AAG, GAL, mentor, or the youth himself.

Reviewers did note, however, that communication among the team members that were interviewed appear to be fragmented as interviewees were not aware of vital information regarding the youth's current placement in DYRS and his drug test results. There was also no clear understanding of team involvement for planning for the focus youth.

### **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

#### **What's Working Now and Why**

The mother is participating in court-ordered drug testing and treatment and has had two weeks of therapy. The plan is to add the children to these therapy sessions. The mother feels that she is now getting the services she needs to keep her family together. The social worker feels that adequate services were in place prior to the last court hearing, but the community support worker missed the hearing due to illness and could not verify services. However, during the past two weeks since the judge ordered weekly drug testing, drug treatment, and therapy, services have been in place.

The last team meeting occurred four months ago, but the court ordered a meeting to be scheduled for Friday of the review week to evaluate progress. The team is composed of the mother, GAL, attorneys for the mother and CFSA, social workers and the community support worker. The mother's brother and sister were included by telephone at the last meeting. The mother feels she is allowed to express thoughts but no one listens. She finds it difficult to work with four different social workers for all her children.

#### **What's Not Working Now and Why**

Services have not been effective in the past, but there is hope that the Court's action along with the meeting that was to occur on Friday would eliminate that problem. Stability for the children has not been secure.

It would appear that communication and coordination between providers could be improved so that all are aware of services in place and which are effective. The CFSA worker felt that adequate services were being provided, yet the Court ordered additional services. The

community support worker, who spends an hour each week in the home, stated that she has not observed the mother interacting with her children.

The family case plan at CFSA lists substance abuse as the major risk for this family and domestic abuse as a past problem. Although substance has always been an issue, the mother continues to sometimes test positive after having the children back in the home a year and a half. She says she sometimes misses appointments because a lack of transportation. The Court has given the mother 60 days to stop her drug use. Also, it appears that the father is in the home all or part of the time, which increases the risk of domestic violence.

#### **Stability of Findings/Six-month Prognosis**

Although the Court has ordered additional services to the family, it is doubtful that the mother will be able to avoid drug use after having participated in three previous treatment programs. The prognosis is decline/deteriorate.

#### **Next Steps**

1. It is important that the treatment team ensure that the family and all providers meet to coordinate services to address the mother's participation in drug testing and treatment and absolve any barriers.
2. The team must develop a plan for including the children in family therapy.

## Quality Services Review Case Summary

### Case # 24

**Review Date:** March 11, 2008

**Placement:** Therapeutic foster home

**Persons Interviewed (9):** Social worker, community support worker, birth mother, foster mother, family therapist, teacher, GAL, therapist and art therapist

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is a nine-year-old African-American male who resides in a therapeutic foster home. He has two sisters, age 12 and 21. He is currently placed by himself in a therapeutic foster home. The focus child was removed in February 2005 after allegations of physical abuse by the parents were substantiated. After the removal it was learned that both mother and father abused crack/cocaine and had a long history of battling their addiction. The focus child and his sister resided with a maternal aunt for a few months until the focus child was admitted to a psychiatric hospital. The maternal aunt was unable to deal with both children's behaviors, leading to the focus child being placed in a therapeutic foster home and his sister in a traditional foster home. The permanency goal was reunification until the month of the review, when it was changed to guardianship with another maternal aunt. The social worker is awaiting clearances from the aunt to begin supervised visitation.

The mother has a history of crack/cocaine use and is diagnosed with Bi-Polar Disorder. She currently has supervised visits once a week in her home with the focus child and his 12-year old sister. Family therapy sessions also took place at these visits and were in place for two years before being terminated the month of the review. The father of the focus child is said not to be residing with the mother but participates in family therapy and the weekly visits.

The focus child was diagnosed with Bi Polar Disorder NOS and ADHD. He is currently taking Adderal and Risperdal. He experiences enuresis at least four times weekly at night. His last psychiatric evaluation was September 2007.

#### Child's Current Status

The focus child attends a special education school that also provides therapeutic services. He is not classified as being in a grade in this school setting. The focus child receives individual, group and art therapy. He has been attending his current school since the 2006-2007 school year and has adjusted very well. The last IEP meeting was five months prior to the review, and the focus child is receiving all recommended services. When he first came to the school he was described as having "meltdowns" and would get frustrated and become aggressive, punching walls and wanting to break things. School personnel report dramatic improvement. The child appears to have developed strong relationships with his therapists. He has increased his level of communication and is able to verbalize when he's angry before blowups occur. He reportedly has no behavioral issues in the classroom setting for the current school year. The focus child is

described as “loving to attend school.” He is achieving successes at school and really enjoys being there. He is described as “higher functioning” academically and goes to a more advanced math and reading class as per the school’s program.

The focus child is safe at school but is a danger to himself, at times, in the foster home. Some interviewees reported that the focus youth often has bouts of aggression and self-injurious behaviors. The last incident occurred three months prior to the review, when the focus child made cuts to his wrists and told his community support worker that he wanted to kill himself. He was immediately taken to the hospital for evaluation by the foster mother. He has also received Community Based Intervention (CBI) services on and off to respond to these incidents. His last CBI case was closed two months before the review. He experiences enuresis mainly at night but also in the evening while at home. He was prescribed medication to treat the bed-wetting; however, the foster mother reports the medication doesn’t seem to be helping. She speculated that he may refrain from using the bathroom when he is occupied with something, such as playing with toys.

The focus child has been stable in his current setting in school and at home. He has the appropriate supports at home and at school to assist him in his daily living activities. He has a community support worker that meets with him a few times per month to work on behavior modification, and his psychiatrist monthly. He also receives mentoring services once weekly.

Two months ago, weekly counseling was instituted in the foster home to address the relationship between the focus child and the foster mother’s biological son. There have been arguments and altercations between the two as they vie for the foster mother’s attention. Those interviewed stated that the in home counseling appeared to be working well and would be stepped down to biweekly.

The focus child’s acting out behaviors in the home are said to be caused by his strong feelings for wanting to return home. It is thought that his diagnosis of Bipolar disorder has exacerbated his anxieties over his indefinite timeline to permanency. The goal of guardianship has been explained to him with the understanding that he will be living with family and will have more access to his parents and siblings. He has verbalized that the removal was his fault because he disclosed the physical abuse, but he does not understand the extent of mother and father’s drug use that has prevented him and his sister from returning home. His eldest sister speaks with him on the telephone weekly and has taken him and his sister on outings on a few occasions.

He is up-to-date on his medical, dental, and vision appointments.

### **Caregiver Status**

The foster mother appears to be providing a stable environment for the focus child to accommodate his needs. Interviewees described her as being “really involved” and “invested” in seeing the focus child do well. The focus child has been in her home for seven months, and although he still exhibits explosive behaviors, she stated that he has made tremendous strides. She had some concerns regarding the focus child’s mentoring services; however, she has not brought them to the attention of any other team members. She reported that he does not see the

child weekly and may double up on visits, and he does not appear to be putting his best efforts into building a relationship between himself and the focus child.

She ensures that the focus child attends his monthly meetings with his psychiatrist and receives his medication as prescribed. She reported feeling a little “helpless” as she does not know how to alleviate the focus child’s anxieties about when he will be able to return home.

### **Parent Status**

Mother reported that she looks forward to the visits with her children every week and states that she has only missed two since 2005. Family therapy was stopped abruptly the same week as the goal change in court. Mother reported that the family counseling has really helped them to communicate more effectively. She has a long history of drug use and mental health concerns. Prior to the removal, she had only cared for the focus child and his sister for a few months, as they were living with relatives on and off since birth while she and the father struggled with addressing their addiction.

Mother is required to do weekly drug tests, which were negative for a few months in 2007. However she began to have positive drug test results in the Fall of 2007 and stopped attending all together. She stated that she was “fed up with everything” and couldn’t go as she could not afford the transportation. Mother reported that she was “very hurt” when the social worker stopped talking to her after she stopped going for drug testing. She stated that the social worker stopped supervising the visits and would send a case aid instead. Their monthly communication greatly diminished. She stated that she is made aware of meetings, such as the IEP at the focus child’s school and the CFSA Administrative Review. However, she did not attend due to lack of transportation.

Mother reportedly attends bi-weekly therapy sessions and receives medication management approximately every sixty days. She is not attending any drug treatment programs or NA. She stated that she is very serious about having her children returned to her and is not in agreement with the guardianship goal.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What’s Working Now**

The social worker has identified a plan for the focus child to reach permanency within the next six months. She will begin visitation with the maternal aunt and the children as soon as the clearances are in. The plan is to begin supervised visits as soon as possible with input from the treatment team on their assessment of the appropriateness of moving to unsupervised visits.

### **What’s Not Working Now and Why**

The social worker appears to have made marginal efforts to plan with the birth parents, make referrals for needed services and discuss the permanency goal. Some interviewees reported that she does not return phone calls in a timely manner. While some discussions are occurring between the social worker and service providers, interviewees were unaware of many case activities. For example, the community support worker reported not being aware of the family therapy the focus child was receiving in the home, nor was he knowledgeable about the family

therapy with the birth family. The therapist providing therapy in the foster home had never spoken to anyone on the team outside of the foster mother. Although the social worker is making attempts to stay up-to-date on services being provided, the entire team does not share information or communicate across disciplines. There are times where Family Team Meetings and Treatment Meetings have limited participation by all services providers.

By mother's account the birth father participates in the weekly family visits and therapy; however, team members could not speak to the level and frequency of father's involvement. No outreach has been made by some team members to father.

### **Stability of Findings/ Six-Month Prognosis**

It is anticipated that this case will decline as the team moves forward with the goal of guardianship. The focus child has demonstrated his desire to return home to his mother, and being placed with his aunt may prompt a negative reaction. It is expected that he will exhibit additional acting out behavior, especially in the foster home, as he continues to struggle with his anxieties around not being able to return home. To deal with these behaviors, the team should thoughtfully plan for introducing placement with the aunt incrementally.

### **Next Steps**

1. Conduct a team meeting to include mother and her attorney if possible to discuss the new goal of guardianship and how it will affect the family.
2. Plan with the team on the best way to move forward with the new goal that includes contingencies for dealing with any behaviors exhibited by the focus child.
3. Discuss implementing family therapy with the aunt to assist in developing a strong relationship and giving the aunt a full understanding of the focus child's needs.

## Quality Services Review Case Summary

### Case # 25

**Review Date:** March 11, 2008

**Child's Placement:** Mother (protective supervision)

**Persons Interviewed (6):** Community support worker, social worker, GAL, psychiatrist, mother, child

### CHILD & PARENT STATUS SUMMARY

#### Facts about the Child and Family

The review child is a seven-year-old African-American male living in the home with his mother and five of eight siblings under protective supervision. Two siblings remain in foster care, and the baby sister lives with a maternal aunt, who has legal custody. The father of the review child is in and out of the home, and the whereabouts of the other two fathers are unknown.

The family became known to the child welfare system five years ago when the school made an allegation of neglect. The mother entered drug rehab with her youngest children, including the focus child, for crack cocaine addiction. The older children were placed in foster care. These children were returned to the mother once she completed rehab, and the case was closed after being open for a year and a half. Two and a half years prior to the review, the children were removed due to substantiated allegations of domestic violence and failure to protect. The focus child's father was ordered to stay away from the home, but the mother did not adhere to this requirement. The focus child and his brother were physically abused and neglected in their foster home and were placed in another home, until they and three other siblings were reunified with their mother a year ago. The mother tested positive for marijuana four months prior to the review. The children were not removed, but an FTM was held that included the family's mental health providers.

The child has been diagnosed with Adjustment Disorder with Anxiety. He is prescribed no medications and has had no therapy the past six months. The child receives the services of an educational advocate and a community support worker. The mother is served by a family support worker and has begun family therapy. She is court ordered to complete drug testing weekly with Pre-Trial Services and drug treatment.

Both the mother and father are known substance abusers, and the mother has participated in drug treatment three times. As of the court order dated the week of the review, the mother has 60 days to cease her drug use.

#### Child's Current Status

The child is seen as doing well in his mother's home, but stability is a major issue. He and his siblings have been removed and returned to his mother's home twice, and they will be removed again if the mother continues to use drugs.

The child's behavior issues have always centered around wanting to be at home with his family. He was referred to mental health services due to his behaviors in his foster home, including bed wetting, fighting, non-compliance, being argumentative and bossy, moody and using foul language. His diagnosis is Adjustment Disorder with Anxiety.

The mother did not give permission for reviewers to interview the child or school personnel. She expressed that the youth would not talk to reviewers out of fear. However, he was observed to be happy and at ease as he moved about the house, and information from other sources indicated the child does well in school and is reading on grade level. He did have a recent outburst at school in which he threatened to harm himself. He never acted on the threat and it was said to be very out of character for him. His maturity is said to be an issue.

### **Parent Status**

The mother is meeting medical and dental needs of her children and works at a steady job to support them. She is stressed at her responsibility and states that although she has relatives in town, they give her no support. She claims to be the "black sheep" in the family because she disclosed sexual abuse in the family home. The mother stated she has no friends, although two stopped by the house while the reviewers were conducting their interview, and it was obvious to the reviewers they were frequent visitors.

The mother feels overwhelmed with work, the care of her children in the home, and the extra care that has been required for her daughter who is recovering from bone cancer. Although there is an 18-year-old boy and a 15-year old-girl, she does not seem to have enlisted their help with the younger children and cites the lack of transportation as a factor in compliance with requirements of the court.

She feels that the provision of helpful services has increased since the recent court hearing and perceives that up until the recent hearing, she was not getting specified services. She began group therapy at work during her lunch hour the week before this review. She anticipates that wraparound services will soon be in place.

### **Factors Contributing to Favorable Status**

The child is safe in the home with the mother and his siblings, and the mother is participating in drug testing and treatment. She now perceives that as a result of the court, she is receiving helpful services, such as family support and therapy, and is said to be making an effort to improve over the past two weeks. The family support worker can assist in transportation for the mother's appointments and she is further relieved of some of the stress of caring for the sister, as she has completed her treatments and now only requires physical therapy.

### **Factors Contributing to Unfavorable Status**

The mother has presented some positive and some negative drug scans, but denies recent use and it does appear that the father is in the home all or part of the time. The focus child worries about the possibility of being removed from the home and his family; these worries could be the explanation for his increased acting out. He also complains that his older brother picks on him. He has not received therapy in the past six months.

## SYSTEM PERFORMANCE APPRAISAL SUMMARY

### **What's Working Now and Why**

The mother is participating in court-ordered drug testing and treatment and has had two weeks of therapy. The plan is to add the children to these therapy sessions. The mother feels that she is now getting the services she needs to keep her family together. The social worker feels that adequate services were in place prior to the last court hearing, but the community support worker missed the hearing due to illness and could not verify services. However, during the past two weeks since the judge ordered weekly drug testing, drug treatment, and therapy, services have been in place.

The last team meeting occurred four months ago, but the court ordered a meeting to be scheduled for Friday of the review week to evaluate progress. The team is composed of the mother, GAL, attorneys for the mother and CFSA, social workers and the community support worker. The mother's brother and sister were included by telephone at the last meeting. The mother feels she is allowed to express thoughts but no one listens. She finds it difficult to work with four different social workers for all her children.

### **What's Not Working Now and Why**

Services have not been effective in the past, but there is hope that the Court's action along with the meeting that was to occur on Friday would eliminate that problem. Stability for the children has not been secure.

It would appear that communication and coordination between providers could be improved so that all are aware of services in place and which are effective. The CFSA worker felt that adequate services were being provided, yet the Court ordered additional services. The community support worker, who spends an hour each week in the home, stated that she has not observed the mother interacting with her children.

The family case plan at CFSA lists substance abuse as the major risk for this family and domestic abuse as a past problem. Although substance has always been an issue, the mother continues to sometimes test positive after having the children back in the home a year and a half. She says she sometimes misses appointments because a lack of transportation. The Court has given the mother 60 days to stop her drug use. Also, it appears that the father is in the home all or part of the time, which increases the risk of domestic violence.

### **Six-month Prognosis/Stability of Findings**

Although the Court has ordered additional services to the family, it is doubtful that the mother will be able to avoid drug use after having participated in three previous treatment programs. The prognosis is decline/deteriorate.

### **Practical Steps to Sustain Success and Overcome Current Problems**

1. It is important that the treatment team ensure that the family and all providers meet to coordinate services to address the mother's participation in drug testing and treatment and absolve any barriers.
2. The team must develop a plan for including the children in family therapy.

## Quality Services Review Case Summary

### Case # 26

**Review Date :** March 12, 2008

**Placement:** Traditional foster home

**Persons Interviewed (10):** Youth, foster parents, teacher, special education teacher, school principal, community support worker, social worker, psychiatrist and therapist.

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is a seven-year-old African-American boy who is living with a younger brother in a foster home in Maryland. After five previous open cases, the children were removed two years ago when the focus child overdosed on his brother's seizure medication. His mother did not call for medical assistance until the child passed out and fell down the stairs. In addition, the home was found to be unsafe for inhabitation. The four children, three boys and one girl, were removed. The boys were initially placed together, but the oldest was placed in a therapeutic foster home after two months. The mother was living with her female partner and the partner's four children in a two-bedroom apartment at the time CFSA became involved, and both adults were suspected of drug abuse.

The focus child has exhibited sexual acting out with female peers at school, and there have been reports of inappropriate sexual activities between all three of the brothers. It is likely he was exposed to adult sexuality while living with his mother. He is diagnosed with ADHD and most recently he has received community support services, psychiatric and medication management services, and individual therapy.

#### Child's Current Status

The focus child is in the same foster home into which he was initially placed. His goal is adoption, but the foster family is not willing to adopt him; in fact, they are considering not being foster parents anymore, which would result in a placement change. In addition, the social worker is concerned about the lack of bonding and nurturing by the foster parents. The foster family would consider adopting the focus child's brother. The school does not feel it can meet the child's needs, so he will likely have to go to a different school next year.

After repeating kindergarten, the focus child is being educated in a regular first grade classroom with full inclusion to meet his special education needs. Recommendations were made to change his special education coding to ED following an evaluation two months ago. He receives two hours of special education per day. His IEP says his IQ is 70, which is disputed by his social worker and therapist. The child recognizes letters but functions below grade level, although he is reportedly making progress. The updated IEP allows the child access to increased services, including tutoring, therapy, and a teacher's aid.

The focus child is not allowed to interact with any of the other students because he has inappropriately touched several female students. This has resulted in five in-school detentions. The child sits separated from other students and is not allowed to play with anyone at recess. Plans are to move him to a smaller school for special needs children as soon as it can be arranged. He interacts appropriately with his siblings during supervised visits, and he was talkative and articulate in his QSR interview. He is behaving reasonably well in his foster home. His current therapist feels he needs a therapist who specializes in working with sexually reactive children.

### **Parent Status**

The children's mother is 29 years old with an 11<sup>th</sup> grade education. The family's social worker described her as aggressive and uncooperative but did not provide evidence of this behavior. The child's mother is currently unemployed. She was not available to be interviewed for this review. For the past five months, she has only attended two supervised visitations. She has not been involved, nor have consistent attempts been made to engage her in the case planning process. Reportedly the children's mother is having trouble dealing with "her own issues" involving her sexual orientation. Little information is contained in the child's mental health file about his mother, and no one interviewed offered any substantive information about her or her functioning, except for information on her sexual preference.

The focus child's father is unknown, according to the record.

### **Caregiver Status**

The social worker reports (and the foster parents agree) that they give more positive attention to the focus child's younger brother because he is "easier to parent and is more affectionate." The focus child is not receiving sufficient emotional nurturing and parenting in his home in order to thrive. There appears to be a lack of sufficient emotional bonding between the foster parents and him. The foster mother reported she loves the focus child's brother but has no feelings for the focus child. She sees no potential in him. They would be willing to adopt the brother but not the focus child.

The foster mother admitted that she and her husband have not always cooperated with the agency or complied with their licensing requirements. The mother said she was angry with the social worker and had a shouting incident with her recently about all of the appointments she had to attend for the focus child. She is not consistent in administering his medications and does not think it helps him very much. She stated she is now taking the child to therapy more often. There are supports in place for the foster family, but in large part, the foster parents report that they do not feel sufficiently supported in order to successfully do their job of raising this child. In response to questions about the support they receive their typical answer was "this or that worker is doing the best they can," but there was an underlying implication that supports to date have been inadequate, at least in the foster parents' minds, to help them successfully parent this child.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

There is clearly a child and family team that meets to discuss the child's situation and to refine their practice and approach to him based upon his progress or lack thereof; and it appears that the team does have a basic understanding that the child's current challenges are too great to be fully and appropriately addressed by the services he currently receives. While the current foster home and school placement and support services and resources are sufficient to maintain him without imminent risk of disruption in his current settings, everyone seems to understand that simple maintenance is not the preferred course for him. The focus and challenge of planning now for the team is to move from a maintenance mode to a transitional mode in which new, more effective, and therapeutic services can be identified and provided based upon a more thorough assessment of his underlying needs. The agency has requested a therapeutic placement for the child, and he has been referred to a therapist who can address his sexual issues. The child has frequent visits from his Community Based Support Worker.

### **What's Not Working Now and Why**

First, the child's diagnostic assessments are mainly limited to his educational and behavioral issues rather than to a global assessment of his overall psychosocial make-up and needs. Second, the frequency and intensity of his services are minimally meeting his observable behavioral challenges, but do not appear to be addressing his underlying emotional and behavioral problems. Implementation of appropriate services has been delayed. The child is in need of appropriate and effective home and school placement services and coherent and comprehensive mental health treatment services to address both his sexually inappropriate behaviors and his other aggressive behaviors exhibited at home and school. The educational advocate has been court-ordered to provide representation, as she has not been responsive. Finally, the child's therapy and medication have been, by reports from his therapist and psychiatrist, put on hold recently due to his need for more intensive therapy for his sexually reactive behaviors and because his foster parents did not bring him to his last psychiatric appointment to review his ADHD medication.

The focus child has not been informed of the numerous changes that are likely to occur in the near future, including moving to a therapeutic foster home, being separated from his brother, and moving to a different school. These disruptions are likely to have a negative effect on him, yet no plans have been put in place to address this.

Little information was known by interviewees about the mother. She has not been involved in treatment planning. The goal is adoption, but no termination of parental rights has been filed, and the child does not have a pre-adoptive home identified. The possibility of guardianship with maternal or paternal relatives does not seem to have been explored.

### **Stability of Findings/Six-Month Prognosis**

Based on the lack of urgency for services, slow response of the foster care agency, foster parents' lack of concern for his well-being, and school wanting him out of their jurisdiction by the end of the school year, the child's status will likely decline in the next six months.

## **Next Steps**

1. Transition planning for this child should proceed with all due speed. Efforts should be made to find a home where can be placed with or maintain contact with as many of his siblings as possible and as clinically appropriate.
2. A viable permanency plan must be developed for the child and his brother. The team seems to have completely given up on the children's mother, but it is not clear that all efforts were made to engage and involve her in planning, including a discussion of alternatives to reunification.
3. Child and family team professionals should obtain a more thorough and comprehensive diagnostic assessment of the child to help determine the treatment modalities most likely to be effective in treating his emotional, behavioral and academic challenges and use these diagnostic findings to help locate the most appropriate therapeutic foster home or preferably adoptive home (once his mother's parental rights have been terminated) along with an appropriate special educational setting and treatment services to meet the child's special needs and challenges.
4. The GAL and educational advocate must become involved in this case and advocate for this child.

## Quality Service Review Case Summary

### Case # 27

**Review Date:** March 11, 2008

**Placement:** Foster home

**Persons Interviewed (5):** Community support worker, social work supervisor, school social worker, foster parent and biological mother.

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus youth is a 17-year-old African-American male, who is supposed to be residing in a foster home. However, at the time of the review, the focus youth was in abscondance and has been for over two months; his permanency goal is APPLA. The family initially became known to the agency in 1999, due to a report of neglect and sexual abuse. However, the focus youth and his two younger siblings were not removed from the mother's care and remained in the home under protective supervision. In 2000, the agency received a report alleging that the mother was verbally abusive to the children on a constant basis. The report also indicated that the home had very little furniture, was very dirty, and piles of clothing were observed throughout the home. In addition, the mother and her boyfriend were smoking crack in the home. As a result of the investigation, the allegations were substantiated and the three children were removed and placed in foster care. The focus youth was not placed with his two younger siblings.

It was also alleged that the youth was sexually molested by his adult brother for a period of several years. Reportedly, the youth's father was the one who discovered the two boys having sex. The youth's adult brother is currently incarcerated. The youth's goal was changed to adoption in 2005. The focus youth was placed in a pre-adoptive home and relocated to West Virginia. This placement disrupted, and the youth returned to the DC area and was placed in a traditional foster home. His goal was later changed to APPLA.

#### Child's Current Status

The focus youth's safety at home and at school was of concern to everyone interviewed. Reportedly, the youth has not been to his foster home placement since December and appears to be staying at his mother's home. School personnel reported that the youth has been attending school, even though he was not returning to the foster home. Reportedly he would leave school and walk approximately 10 miles to his mother's neighborhood. Whenever, school personnel would get him on the school bus to take him back to the foster home, he would wait until the bus stopped and jump out the emergency exit and run. It was also reported that he was leaving the school premises without permission. Although everyone is concerned about the youth's safety and the fact that he has been in abscondance for over two and a half months, they all believe he is staying with his mother.

Since returning to DC in 2005, when his pre adoptive placement disrupted, this was his second foster home placement; he was placed in his current home for one year and two months. Throughout his time in this placement, the youth had a history of repeated abscondance, and

apparently was returning to his mother's home. In December 2007, the youth left the foster home and has not returned. At the time of the review, reviewers were told that the agency was in the process of ending the youth's placement with the current foster mother and was in the process of seeking new placement. The focus youth has been attending the same school for the past two plus years and is in the tenth grade. School personnel reported that the youth did not have good attendance in 2007, but this had improved since the beginning of 2008, when the youth was told he needed to attend school more regularly if he wants to graduate on time. However, it was reported that the youth did not attend school the week prior to the review and was not in school on the day of the review.

The focus youth's diagnoses are: ADHD, major depressive disorder, sexual abuse, mild mental retardation, lead poisoning and severe educational problems. The youth's reading level is below grade average; he reads at a first grade level. He performs well in math and is at his grade level. The youth functions at a chronological age of a 10 to 12 year old and seems to gravitate towards younger children for playing and conversation. School personnel reported that the youth is doing average work in his academics and would pass the school year if he would attend more often. He has a current IEP and is receiving instruction and counseling according to the IEP. Reportedly, the only behavioral problems the school has with the youth were the incidents on the school bus and leaving the school premises without permission. Otherwise, the youth behaves in a respectful manner at school. He meets with his social worker on a regular basis and is able to discuss things that are bothering him. The youth is also assigned to an aide at school, and this person has developed a close relationship with him and seems to be able to engage him in conversations about what his going on with him and the incidents on the bus. Apparently, the youth has conveyed to school personnel that he did not wish to live with anyone except his mother and wanted to return home.

The foster parent reported that during the time the youth was in her care, he remained polite and respectful but very childlike. Unfortunately, the youth kept leaving the home to go to his mother's home. Reportedly, the youth once walked from the foster home in Maryland to his mother's home in DC, which is approximately 15 miles. It was reported that the youth was obese, but was in good health and is up to date on his physical and dental. Reviewers did not meet the youth, as he was neither at school nor at the foster home. The youth was employed for a month last year but has not worked since and is not involved in any activity that would help to prepare him for independence. He acts irresponsibly and seems to place himself in situations that are unsafe. The youth's goal is APPLA; however, he is not interested in working towards this goal and would like to be reunited with his mother as soon as possible.

### **Parent Status**

The mother admits to being a recovering addict and states she has a history of noncompliance. She contributes this to the fact that since the beginning of the case, the agency has been "flip flopping" with her and her family. She further adds "why should I comply if I already lost the battle." The mother reported that she was tired of the mixed messages she received from workers. She also adds that each time a new worker came on board, the rules would change. The mother maintained contact with the youth's foster mother and was able to establish a good relationship. Reportedly, the mother would contact the foster parent to check up on her son and make plans for family visits. She does not believe she is part of the case planning process and

explained that plans are developed without her input. The mother is very unsatisfied with the services that the agency has been providing to her family and believes that the agency is doing everything in their power to prevent her son from coming home.

### **Caregiver Status**

The foster parent appears to be providing adequate care to the youth, when in her home. She participates in team meetings and attends court. She is very instrumental in ensuring that the youth maintains visits with his mother. The foster parent transport the youth to visits at his mother's home and occasionally picks the mother up and brings her back to the foster home for visits and family engagements. These activities are for the youth's benefit, as he is very close to his mother and enjoys being with her. The foster mother is involved with the school and communicates on a regular basis with social workers regarding the youth's abscondance.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

Family therapy was one of the services ordered by the court for the family and appears to be the only thing that the youth and his mother are actively participating in. It was reported that the mother was the one who sought out the therapist and initiated that service for herself and her son. The youth has a close relationship with his mother. He has been in the same school for the past two years and has been able to develop some positive relationships at school and have people who he could talk to.

### **What's Not Working Now and Why**

Social workers' attempts to engage the youth and his family have not been successful. Because the youth's goal is APPLA, workers did not see the need to continue to reach out to the mother, and there was no attempt to engage the youth's father. The youth's permanency goal of APPLA is not realistic considering that the youth has such strong desire to be with his mother. It was obvious from everyone interviewed that the youth wants to be with his mother, and whenever he is in abscondance he is actually at his mother's home. Team members appear to be working in conjunction with each other but seem to be missing a big picture assessment and understanding of the youth and the bond he has with his mother. Furthermore, reviewers noted that although some team members were meeting, there was not a coordinator. Critical information regarding the family was not shared, and everyone did not seem to have the same information about the youth. It was reported by some team members that the youth was difficult, he was refusing services, and he did not seem to open up to anyone. Interviews revealed he was discussing his feelings with his aide and social worker at school.

Service providers are giving the youth and his mother mixed messages, which is driving the youth further away and makes it more difficult to provide the youth with necessary services. Reportedly, team members made an agreement with the youth in court that if he attended school on a regular basis, he would be able to spend the Christmas holiday with his mother. The youth complied with the agreement and went to school every day; however, the day before the youth was to leave the foster home to go to his mother's home for the holiday, his social worker called to say the plans had changed and he could not spend the entire holiday with his mother. There was no explanation given to the youth or his mother except that it was too long for him to spend

at his mother's house. It was this incident that caused the youth to leave the foster home in December, and he did not return.

Reviewers were told that the agency was in the process of placing the youth in a new foster home. This was of concern to reviewers, as the current foster mother had established a relationship with the mother that was working. Instead of relocating the youth, agency could have explored some creative options with the foster mother in regards to overnight visits with the mother to alleviate the abscondance issue.

Everyone interviewed agreed that the youth was in need of mental health services, and workers have made attempts to get the youth in treatment; however, they have been unsuccessful. Trying to work with this youth appears to be challenging for workers, since they are unable to engage the youth successfully to initiate the needed services. Furthermore, no one seems to understand the importance of his mother to him; workers' failure to involve the mother together with the youth in case planning will continue to impact their ability to move the case towards safe case closure.

#### **Stability of Findings/Six-Month Prognosis**

Reviewers discovered the day after the review that there was a court hearing and the court issued an order directing the youth to return to the agency to be placed in another foster home. It further states that if the youth was found in his mother's home, she would be held in contempt of court. As a result of this new development, reviewers anticipate that this case will decline

#### **Next Steps**

1. The social worker should coordinate a meeting with all the participants on the case; including the school and the mother to address the following issues:
  - a. The reason's behind the youth's abscondance
  - b. The youth's permanency goal of APPLA
  - c. Mental health services for the youth
2. The social worker should re-engage the mother and make attempts to engage the father in the case planning process.

## Quality Services Review Case Summary

### Case # 28

**Review Date:** March 12, 2008

**Placement:** Therapeutic foster home

**Persons Interviewed (5):** CBI worker, social worker, foster mother, focus youth and social worker.

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus youth is a 15-year-old African-American female, with a permanency goal of adoption. She is the third of seven children and resides in a therapeutic foster home with two of her six siblings. The seventh child is deceased, and the two youngest were adopted in a closed adoption, which was finalized in 2007. The focus youth's older brother has a goal of APPLA and is currently residing in an independent living program. The family first became known to the agency in 1997; however, the details of this report were not available due to the fact that FACES was not in operation at that time. In 2000, the children were first removed from their mother's care, due to allegations of neglect (deplorable condition of the home, drugs on the premises and a loaded gun), which were substantiated. The case was closed a few months later and the children return to their mother's care, as the family moved to North Carolina.

The second removal occurred in 2007, when the agency received a report from the Metropolitan Police Department (MPD) special victim's unit. The report stated that there was a death of a six-week old infant in the home. The home was reported to be in a deplorable condition with several families and other individuals residing in the four bedroom single family home. Based on the investigation, the home was found to be overcrowded with eight adults and 15 children; it was in a deplorable condition and was rodent- and roach-infested. The children were removed and placed in foster care.

#### Child's Current Status

The focus youth is currently residing in a therapeutic foster home with her two sisters and has been in this home for the past two and a half years; there are no plans to move the youth from this placement until a pre-adoptive home is identified. There are no concerns regarding her safety at school, at home, or in the community; her foster parents provide adequate supervision as needed to ensure she remains safe. The focus youth has been attending the same school, a specialized school to address her special educational needs, for the past three years. She is in the tenth grade and is an honor roll student. The focus youth is working towards graduating with a high school diploma instead of a certificate. She has a current IEP and is making remarkable progress in her academics. It was reported by school personnel that the focus youth is maintaining her own behavior and is currently at a level 5.7, where 6 is the highest, as it relates to outstanding behavior. Reportedly, the focus youth is also meeting her counseling objectives and is a part of a self esteem group at school.

The focus youth's diagnoses are adjustment disorder, mild mental retardation and trauma. She was receiving individual therapy until three months ago, when her therapist left the mental health agency; the case was not reassigned at the time of this review. The youth seems to be adjusting positively in the foster home and enjoys living with her sisters. It was reported that for the first several months of her placement she was very shy, quiet, had poor personal hygiene and was wetting the bed daily. Through the help of her foster mother, her attitude became more positive and thus, her personal hygiene improved and bed wetting decreased. The youth enjoys doing activities with her sisters and her friends; she likes to go bowling and skating and attends church. The youth appears to be in good health and is up to date with her physical and dental. Prior to her last physical, the youth was prescribed DDAVP for enuresis, but this was discontinued by her physician at her last physical, since she had made significant improvement. She is diagnosed with asthma and is prescribed albuterol, which she takes as needed. It was discovered through this review that the youth recently lost her glasses that she requires for reading; this was not reported to the foster mother by the youth because she does not like to wear the glasses.

Reportedly, the focus youth has been acting very responsibly both at school and at home. She completes her assigned chores in the foster home and was described by all as being well-mannered and respectful. The youth receives tutoring, which has helped her to maintain her good grades, and she has a mentor she sees once weekly. It should be noted that although the focus youth appears to be doing well, there are some underlying issues regarding her permanency goal that she is having a difficult time dealing with. The focus youth is struggling with her goal of adoption and often gets sad and angry around the fact that her twin sisters were adopted and she can no longer see them.

### **Parent Status**

The birth mother has a long history of substance abuse and has failed to comply with treatment. She was enrolled in the drug treatment program through the court, but left without completing the program. She was also referred for mental health services and she refused to participate. Reportedly, throughout the life of the case, the mother has been consistently uncooperative. In 2005, the children's goals were changed from reunification to APPLA and adoption respectively. A TPR was also initiated but was later dropped, due to the children's reaction. At the time of the review, the TPR was not yet reinstated. In 2006, it was reported that the mother moved back to North Carolina. Reportedly, the mother seems to be going back and forth between DC and North Carolina. She visits with her children approximately once per month.

The birth father of the focus youth resides in North Carolina and was identified as a placement option when the youth was first placed in 2004. However, according to documentation reviewed, it appears that notification was sent to the father and he did not respond; an attempt to reach him by telephone was also unsuccessful.

### **Caregiver Status**

The foster parent is a therapeutic provider and receives specialized training to care for children with diagnoses such as the focus youth. The home appeared to be clean and neat at the time of the reviewers' visit. The foster parent seems to be providing for the youth's physical and emotional needs. She has developed a close relationship with the youth and recognized that the youth likes to feel special and therefore treats her in that manner. The focus youth reported that

she like the home and she has a good relationship with her foster mother. Everyone interviewed agreed that this was the best placement for the youth and commented on the fact that the foster mother appears to be very caring and seems to be meeting all the youth's needs. Reportedly, she is present at all meetings, transports the youth to her medical and therapy appointments, and plans fun activities for the youth and her siblings. The foster mother also takes the children to church and includes them in church activities. She provides structure and discipline whenever necessary. This was reported to be age-appropriate and fair.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The youth is progressing very well in her current placement. The youth has a foster mother, mentor, and tutor who have significantly impacted her behavior. Her performance in school is exemplary, and her socialization skills have improved. The GAL is very involved and visits with the youth on a regular basis. It was reported that the GAL takes the time to explain to the youth what is happening with the case and her goals in language that she can understand.

The youth has been maintaining regular contact with extended maternal family members and her siblings. Supervised family visits are held on a bi-weekly basis. The youth has infrequent visits with her mother; visits are usually scheduled with the mother once per month. The private agency that manages the youth's case also schedules events that the entire family is invited to participate in (i.e. holiday dinners).

### **What's Not Working and Why**

Permanency is of great concern at the present. There seems to be some confusion among team members as to the plans for the youth to be adopted. Reportedly, the youth is ambivalent about being adopted and has strong feelings about being separated from her biological family. This was due to the fact that her two younger siblings were adopted in a closed adoption and all contact ended. Furthermore, reviewers observed documentation that stated there will be a hold on actively pursuing adoption due to the youth's feelings around being adopted. Based on the review it appears that everyone on the team is avoiding the issue. The youth is not being educated, and there are no plans to provide education and counseling around adoption and the different types of adoptive families. Team members are not addressing her negative perception of adoption based on what happened to her sisters and the fact that she has a strong desire to maintain contact with her biological family. Unfortunately, the youth's goal at the present time seems unlikely to be achieved, since there is no movement towards it. Thus, the youth remains in a therapeutic home indefinitely, with no potential adoptive parents, and with a goal of adoption she has had since 2005. Additionally, the TPR on the parents is still being held in abeyance.

Reportedly, the youth was receiving therapy up until three months ago, but this stopped due to the fact that the therapist left the agency and the case was not reassigned. In speaking to team members, it was unclear as to when the youth would resume her therapy, despite the need to address the adoption issue to move the case forward. Unfortunately, there is no significant behavioral problem and, therefore, the team does not see the urgency of engaging a new therapist.

In the beginning of the case it was documented that the youth's father had showed interest in the children; however, reviewers only observed two attempts to contact the father, one by phone and the other via mail. Three and half years later, there was no evidence to indicate that anyone made attempts to locate the father since those initial efforts. There was also information regarding a paternal aunt, but it was unclear as to what happen regarding her being a potential resource. In speaking with the youth, she is aware that her father lives in North Carolina but reported she does not have contact with him. The youth could not explain why she did not have contact with her father or paternal relatives. Obtaining current information regarding this family was challenging, due to the fact that the social worker only had the case for a month and did not know much about the case. Furthermore, the community worker was assigned the case a week prior to this review. It appears that new workers did not take the time to familiarize themselves with the history of the case and were not familiar with what was happening regarding the youth's permanency goal.

### **Stability of Findings/Six-Month Prognosis**

This case will remain status quo as long as the youth's feelings around adoption are not addressed, and the case will not progress towards permanence.

### **Next Steps**

1. Social worker to meet with community mental health agency to ensure that a therapist is assigned to the case.
2. Convene a team meeting to address the following issues around permanency;
  - a. Develop a plan to provide education and counseling for the youth around adoption and what that means for her. Team should take in consideration that since DC law only permits closed adoption, some creativity maybe required in order to alleviate the youth's anxiety.
  - b. Since the TPR is currently on hold, the team may want to re-visit the idea of exploring the father and paternal relatives a second time but with more intensity.

## Quality Service Review Case Summary

### Case # 29

**Review Date:** March 6, 2008

**Placement:** Traditional Foster Home

**Persons Interviewed (10):** DMH community support worker and supervisor, individual therapist, family therapist, foster care social worker, birth father, paternal grandmother, foster mother and father, and youth. Reviewers attempted to contact the GAL.

### CHILD& PARENT STATUS SUMMARY

#### Family History

The focus youth is a 15-year-old bi-racial male, who currently resides with his older brother in a traditional foster care placement. He has an older sister who resides in a separate foster home. The birth mother lives out of the area and is very marginally involved. The birth father is involved in the children's lives, as is his mother. Prior to the children entering the child welfare system, the three children had lived with their paternal grandmother for approximately nine years. Reportedly, the birth parents had been involved with the child welfare system in a different state and the grandmother took legal custody of them.

The focus child became known to the Child and Family Services Agency in August 2005, when there was an anonymous report of physical abuse of the focus youth and his two older siblings by their paternal grandmother. In December 2005, the grandmother brought the oldest child to CFSA asking for assistance in dealing with the teen's behaviors. The teen reported that the grandmother had physically abused her and her brothers. All three children were removed from the home, but the focus youth and his brother were returned within several days. In January 2006, the government petitioned the court regarding abuse for all three children. The boys were again removed from their grandmother and placed in a foster home. The permanency goal for the focus youth is reunification with his paternal grandmother. The permanency goal for his sister is APPLA. The goal for his brother is uncertain right now as he has indicated that he would like to be placed with his father.

In March 2006, the focus youth received a psychological evaluation. He was diagnosed as follows: Adjustment Disorder with Mixed Anxiety and Depressed Mood; Neglect of Child by History; and Physical Abuse of Child by History. He was found to have a full scale IQ of 92.

The focus child receives community support services and individual and family therapy through a Department of Mental Health contracting agency. His child welfare case is managed by a private contacting agency. It is through this agency that he receives mentoring and tutoring.

#### Child's Current Status

The focus youth was described as being very smart, social, friendly, and outgoing. Some of his challenges are his verbal interactions with adults – it was reported that “he could be a little more respectful” – and his ability to “mouth off” to his peers without thinking first. He was also seen as having a sense of entitlement.

There is a current safety concern in the home as the focus youth's older brother has been physically beating him up. On several occasions, the foster parents have found the youth curled up in the fetal position with this brother hitting or kicking him. The foster family has requested the older brother's removal from their home due to this safety concern and other issues with this teen. The focus youth has not had to go to the hospital for injuries and the family attempts to keep the boys separated, but because within the last thirty days the older brother has attacked the youth it is an unsafe environment.

The focus youth is getting a D in Math and failing grades in Social Studies and Reading. Both he and the foster mother commented that poor grades are new and that usually he's on the honor roll. All three indicated that he is not living up to his potential at all in school. The foster mother stated that while the youth should be doing better on his own – both of them commented that he's a "little lazy" – she also partly blamed the child's full schedule for his decrease in grades. She said that the child had so many things he had to do (two therapies, tutoring, mentoring, community support time, visits with his grandmother, visits with his father, church, etc) that he often has to get up at 5:00 am to finish his homework. She also commented that his behavior in school was relatively good, but he can become "mouthy" to the teachers. She explained that he was not trying to be disrespectful; rather, he thinks he's on the same level as adults.

The youth resides in a two-parent foster home that appears to be able to provide for him until he is reunified with his grandmother. This is the youth's second foster home. He indicated that he liked living in this home and appeared to be comfortable there. He interacted with both foster parents in a free-flowing manner, often laughing with them about something. Body language and eye contact were positive. The foster parents indicated that his behavior at home is positive. He completes chores and engages in family activities, including church.

The focus youth is current with his annual physical and dental examinations, and no one expressed any medical concerns.

Individual therapy for the youth has not been consistent due to a problem with Medicaid transportation. The mental health record indicates that the child's last individual therapy session was five months prior to the review, but it was reported that therapy possibly began again one or two weeks prior to the review. The therapist indicated he has seen the boys on and off. Family therapy has been consistent for approximately three months and is reportedly going well. The youth indicated that he likes family therapy even though it is very emotional. He commented, "Family therapy is how I'm going to go home to my grandmother."

### **Parent Status**

The birth mother is very marginally involved. She lives out of state and rarely maintains contact with anyone. The child welfare system has paid for her travel to DC several times, but she never used her tickets. The most recent incident within the last two months involved the social worker and the oldest youth waiting at the airport for the mother to arrive, but she never did. She also never contacted anyone regarding what the problem was. Team members report that the children get very excited about her visiting and then have a major "letdown" when she does not follow through.

The birth father was interviewed briefly and expressed a great dissatisfaction with services and engagement by the system, although it seems he is more upset with how his mother has been treated than how he has been treated. He feels that his mother has been singled out for being a “strong, middle class woman” and that “none of this should have happened.” He feels that there have been too many social workers on this case and it has “dragged out way too long.”

Currently, the father has unsupervised visitation with the focus youth and his siblings, which the focus youth enjoys. He also participates in family therapy, which he has started to find helpful. Various team members, including the birth father, believe that he is not able to provide for his children due to his lack of steady employment and stable housing, yet no one has attempted to assist him with solving either problem.

The paternal grandmother expresses that she loves her grandchildren and wants the best for them. She had many positive things to say about the focus youth and what she desires for him. The focus youth indicated that he wished to return to his grandmother’s home.

The grandmother is very open about her anger with the system. She does not believe that the focus youth and his brother should have been removed and believes the system is biased against her. She stated that this case has had seven or eight social workers and “everything starts over again when a new social worker is assigned.” She does not feel that her attorney is effective, nor does she feel that the judge is impartial. Several team members find her hard to engage and “unbending” when planning for reunification. One team member seemed to sum up the grandmother as “playing hardball with the system;” because she does not feel as though she did anything wrong, she does not need to follow the guidelines set out by the system. She commented that she if the children are not returned to her care it would not hurt her; it would just hurt the children.

The grandmother participates in family therapy and team members commented that while she was initially very resistant, she has opened up “a little.” Historically, she has refused supervised visitation in her home because she did not want social workers in and out of her home. This in-home supervision was identified as the step necessary prior to unsupervised visits with the children, yet she adamantly refused.

### **Caregiver’s Status**

The foster parents appear to provide for all of the focus youth’s physical, mental, and emotional needs. Even with the safety concern with the older brother, they had requested assistance in enhancing safety and ultimately requested the older youth’s removal from the home. They attempt to keep the boys separated and monitored as much as possible. While they see the benefits of many of the services put into place for the youth, they are concerned that he is being over-served and it is negatively impacting his academics. The grandmother and the birth father feel that the foster parents have done a good job providing for the youth.

In addition, there seems to be a positive relationship between the youth and the caregivers. During the interview the three of them engaged in a free-flowing conversation about all topics (schools, therapy, family, etc). There appeared to be a trusting relationship between them as illustrated in the youth’s ability to answer questions independently and the depth of the

information shared between the three of them. The foster parents were able to listed multiple strengths of the youth and outlined what they thought was his potential.

The foster parents maintain contact with the grandmother and the father. They encourage visits with their older sister, who resides in another foster home. They maintain contact with the mentor, tutor, and community support worker. They commented that they are on their eighth social worker and it is very hard to maintain a relationship with the child welfare system due to this high turnover. They have attended Administrative Reviews, school meetings, and meetings held at the child welfare agency.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

There are several strengths in this case, the first being the overall engagement of the child and family. The child is engaged in multiple services and court. The system has attempted to engage the mother, yet she has not taken advantage of it. The birth father is engaged in family therapy, court, and the most recent meeting at the child welfare agency.

During this review period, it seems as though the system has attempted to engage the grandmother and she has opened up a little more, exhibited in her willingness to participate in family therapy and her now agreement to have the newest social worker conduct supervised visits her home. She attends court, Administrative Review meetings, and meetings at the child welfare agency.

Implementation of services to the child is positive, although there is a need for refinement in assessing the impact of this wide array of services, especially on his academics. The system has attempted to buffer this child with wrap-around-type services, but it may be too much for him. Implementation with the grandmother appears to be appropriate. The question is her willingness to engage in those services. It seems as though it takes her quite a while to agree to engage, but when she does she is consistent.

One example of a beneficial service outlined by team members is family therapy. The grandmother was seen as very resistant in the beginning but has been participating at a higher level within the last two months. Multiple participants indicated that this was how the focus youth was going to return to his grandmother. The therapist indicated that the youth has been able to increase his ability to express himself regarding his feelings towards his grandmother and his father. Even the youth stated he was able to tell his father that he was selfish. Sessions are going so well that the therapist feels that the youth is ready for unsupervised visits with his grandmother. In speaking with the family therapist, he appears to have a very good assessment of the individual members of this family and how they relate and impact each other.

Family court appears to be overall positive, although the grandmother and father do not believe the system should be involved with their family, so they do not agree with the court. The focus youth comes to court and enjoys spending time talking with the judge. Other team members expressed that the judge has been fair and is really attempting to get the children reunited with the grandmother, which is why the case has been prolonged. Clinical recommendations by the team are usually respected by the judge and most court orders are fulfilled on time.

Family connections are well-maintained. The children have supervised visits with the grandmother outside of the home until she agrees to have the social worker supervise the visits in her home. From there the visits the plan is for unsupervised visits. The children have visits with their father, and the child welfare system has made every effort to do visits with the mother. There are visits with the older sister, but she chooses to not participate sometimes due to her other activities as an older teenager.

### **What's Not Working Now and Why**

Even though the status is positive overall, there are several challenges within the system. Family members are very unsatisfied with the system. They feel lied to, improperly treated, and victimized. It does not appear to be something that will change. The foster parents feel ignored by the child welfare system in terms of the continuous changes in social workers.

With the change in social workers (the newest worker has been on the case as active worker for one week, although she was the "lead" worker since December 2007) there has not been a consistent leader. In fact, in talking with all the team members it is clear that there is no key coordinator within the case.

In terms of teaming, the right people are involved with this family. The problem is the functioning. The team is splintered and inconsistent in providing services, planning services, and evaluating the results. It seems the team is satisfied with segmented and isolated services. Examples of this include multiple team members commenting that they did not know what the other members were doing with the child or the family and that was "fine;" they "didn't need to know" because it was outside their role. One example is the individual therapist, who was very clear in stating his role in the case was just individual therapy. He did not see the need to work in conjunction with the family therapist in order to move the case forward. He said he did not see the need to have other people's case/treatment plans. He stated, "I try to stay in my lane. My issues are around the emotional piece."

Another example of rigid roles is the community support worker saying that he does not ask how therapy is going because he does not do therapy. Team members do not see the value of being a unified team moving towards the same goals and supporting each other in goal achievement.

There does not seem to be an in-depth assessment of the birth father. It appears as though has not seriously been considered as a placement option even though at least one of his children has requested to live with him. Team members have not evaluated his needs other than housing and employment. Even knowing these two major concerns for the father, no one has done anything to assist him. It seems accepted that he is on the fringe because his mother is going to reunify with the focus child.

There was one team meeting within the last four months and, while the main parties were in attendance, it does not appear as though this meeting was productive. There was no written plan developed or signed by the participants outlining the tasks, timelines, or consequences for case closure.

This case has been open for two years, and there has been very little movement towards case closure. This seems to be due to the grandmother's resistance and blatant refusal to do things and the child welfare system allowing that to occur. The system has not researched alternative family (both maternal and paternal) or alternative permanency goals for the focus youth. The oldest child has a goal of APPLA and will more than likely age out of the system at twenty-one. The focus youth still has supervised visitation with his grandmother because she has historically refused to have social workers in and out of her home. It is only within the last two weeks she has she agreed to have this occur, but it is not certain she will actually follow through. The father has not been explored as an alternative provider. There had been family therapy over a year ago and it was stopped due to allegations of ethical issues with the therapist. Re-enrolling the family in a new family therapy setting has just started, which has prolonged this case because they have not addressed some of the relationship issues and reasons the children came into care. Only one person had any idea as to a timeframe for the target youth returning to his grandmother's care.

### **Stability of Findings/Six-Month Prognosis**

The six-month prognosis for the focus child to continue status quo, as the child has been maintained without optimal performance from the system. His safety in the home will improve once his brother is removed from the foster home.

### **Nest Steps**

1. Social worker will convene a team meeting outlining the steps and timelines that need to occur for case closure. Due to this case exceeding ASFA guidelines, the team needs to discuss an alternative plan for permanency should the case not move forward towards closure.
2. Social worker will talk with the team members and assess the focus youth's need for services and their frequency as it seems like the youth's academics are suffering from being over serviced.
3. Supervised visits will occur in the grandmother's home and then assessed for the appropriateness of unsupervised visits as soon as possible.

Note: there is no case story for case #30

## Quality Services Review Case Summary

### Case # 31

**Review Dates:** April 14-15, 2008

**Placement:** Traditional foster home

**Persons Interviewed (11):** Social worker, cousin, child (observed), daycare director, AAG, GAL, foster parent, PPSW, foster parent trainer, mother's attorney, mother

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is a 16-month-old African-American female who resides in a traditional foster home. She was removed from her mother at birth, as her mother has mental health issues and was unable to care for her. The mother has Schizoaffective Disorder, as well as a history of substance abuse. The focus child has two older brothers who reside with their maternal great-grandmother outside of the child welfare system. The permanency goal is adoption, as the team decided this goal was more permanent than guardianship and was the most appropriate choice, given the mother's mental health issues. The child lived for a year with her godmother, and when the godmother could no longer care for her due to employment complications, a second cousin and his wife took steps towards becoming the child's placement. Due to the wife's mental health issues, they backed out. At that time, the mother's second cousin once removed expressed her interest in adopting the child and is in the process of becoming licensed as an adoptive parent.

The child lives in a foster home with a single parent, who has biological, adoptive, and foster children in the home, ages 15, 14, 12, four, and two, in addition to the focus child.

#### Child's Current Status

The child is thriving in her foster home. She is safe there and at her daycare. As previously described, the child is in her third placement in 16 months. It is likely she will move within the next six months to a pre-adoptive placement with the cousin, but this is a planned move. There are five other children in the foster home, ranging in ages from two to fifteen. While this is a high number of children, interviewees did not report concerns beyond the child possibly not receiving as much attention as she would in a home with fewer children. In fact, some interviewees expressed a belief that the child benefits from being in this home and having children to play with and emulate.

The child is reportedly healthy, and she had her most recent physical three months prior to the review. She was described by all parties as a big eater, often trying to take others' food when she has finished with her own. This may be a result of not being introduced to many solid foods until she came to the current foster home four months ago. The foster parent encourages her to try a variety of foods, with an emphasis on no-sugar, low fat foods, and the child is not picky. She is meeting all of her developmental milestones, walking, saying a few words, feeding herself and holding a cup. She will have a routine developmental evaluation in the near future. The

child is described as quiet but happy, and she reportedly gets along well with the children in the home and at her daycare.

### **Parent Status**

The mother has been diagnosed with Schizoaffective Disorder, and she has abused PCP for years. While she loves her child, team members do not believe she is capable of caring for her daughter full-time. She must be supervised at all times during visits with the child, and she reportedly does not have a strong bond with her. She does visit regularly – the visits are scheduled weekly, and the mother calls when she needs to cancel. The mother recently had what was described as a “breakdown” at a visit, after talking about the father’s lack of involvement, which is reportedly a trigger for her, but the team was able to work with her to calm down.

The mother recently entered acquired a three-bedroom apartment. This was a goal of hers before she would agree to attend inpatient drug treatment. She did participate in such a program for a brief time two months ago, but she was discharged due to her psychotic behavior.

The mother did not express any outstanding needs during her interview and reported that she and her daughter were doing “fine.” She may not fully understand that the goal is adoption, but she knows it is a possibility, although she says she would like her daughter to return home. It is unclear whether or not the mother would consent to the adoption. The mother and cousin do not have a close relationship, although they were cordial in the most recent court hearing. The cousin reports she does not want the mother to come to her house to visit the child but that she would be comfortable with the child seeing her mother when they visit the maternal great-grandmother’s home.

The father is known to the agency but has refused to participate in any case activities. The court is trying to serve him in regards to the TPR trial. The team does not anticipate the father being a barrier to permanence.

### **Caregiver Status**

The foster parent is described as providing well for the child’s needs. She ensures the child tries new foods and is meeting her developmental milestones. She has a strong support system in her family and a close friend who has been a daycare provider for the child. She also reported feeling supported by the social worker and GAL. The foster parent would reportedly consider filing an adoption petition, but she is currently deferring to the child’s family.

The cousin has been through foster parent training and is in the process of being licensed. The person who will license her home was just assigned the case, and she reported a number of outstanding documents. As she had not yet contacted the cousin yet, she did not know what progress may have been made on the requirements but was sending a letter to the cousin the day of the interview.

The cousin was reportedly visiting the child regularly when she was living with her godmother. She began visiting again a few weeks prior to the review. The visits are currently supervised, but there is a plan to change them to unsupervised as the cousin gets her home licensed and the social worker feels it is appropriate. The cousin was observed with the focus child at the

daycare. The child came happily to the cousin, walked around with her, and sat in her lap, eventually falling asleep.

There was concern that the cousin may become dependent on the child welfare system to meet the child's needs, as she asked for items such as a car seat, but she found ways to get these needs met without the system's help. The system will pay for a voucher for a bed for the child so that overnight visits can occur once the home has had fire and lead inspections. The cousin does report a strong support system in her family, namely her sisters. Her son is reportedly excited about having a younger sister, and he has a good relationship with the focus child.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The social worker and attorneys have engaged well with the mother and cousin. The cousin reported communicating with the social worker frequently and being able to have her questions answered and her needs met in a timely manner. Other interviewees also described the social worker as understanding, sympathetic, responsive, able to take care of any needs that arise, and frequently in contact with them. The GAL has visited the cousin's home, the foster home, and the daycare on more than one occasion and is very involved in the case. The mother's attorney is a strong advocate for her. It is important to him that the team continues to oversee the mother's mental health services and press the providers to give regular reports and that the mother continues to have visits with the focus child.

There is good communication among team members, including the social worker, cousin, daycare staff, foster parent, and GAL, and team members know to call the social worker if they have questions. The case plan is clear, time-sensitive, and focused on permanence. The team has consistently focused on having a family member be the permanent placement for the child, and as one family member has backed out, they have immediately begun working with another. Team members are all aware that the current plan is for the child to move towards overnight visits and eventual placement with the cousin, as soon as the cousin's home is licensed. The permanency planning social worker, who was previously the social worker, will begin to work more with the cousin as the plan moves forward. If the cousin does not get licensed, the foster parent is reportedly interested in pursuing adoption.

The social worker communicates with the mother, and an SSA supervises weekly visits. The social worker communicates with the mother's service providers to find out how the mother is doing with her mental health and substance abuse treatment.

### **What's Not Working Now and Why**

While no indicators were rated as unacceptable, there were areas that could be enhanced. First, since the focus child moved from her godmother's house to the current foster home, her connection to extended family members has diminished. While she had been seeing her siblings and maternal great-grandmother, as well as other family members, regularly, this contact did not continue when she was placed with a non-family member. The social worker is currently arranging and supervising, with the assistance of the SSA, weekly visits with the mother and the

cousin. It may be best to utilize existing family visits to bring in other family members, rather than adding more weekly visits.

Second, the judge is reportedly reluctant to assign an attorney to the cousin, as there have been two potential adoptive family members who have not followed through. Reportedly, he would prefer the foster parent adopt the child. The team is confident that if the cousin meets all of the licensing requirements the judge will assign her an attorney and move towards adoption with her.

### **Stability of Findings/Six-Month Prognosis**

If the case plan moves forward as planned, the child may be placed with the cousin within the next six months, and the child's status is predicted to improve.

### **Next Steps**

1. As the cousin begins to have unsupervised visits, ensure extended family members, especially the siblings and maternal great-grandmother, are able to visit the focus child.
2. As the case moves towards adoption with the cousin, identify the appropriate team members (such as the mother's attorney) to approach the mother about consenting to the adoption.
3. Continue to work with the cousin and the licensing staff member to ensure the cousin is clear on the outstanding licensing requirements and the timeline to accomplish them.
4. Continue to move towards overnight visits between the child and cousin.

### **60- Day Follow-Up**

1. The cousin was found to have an educational neglect charge against her regarding her adopted son and was therefore not eligible to be the adoptive resource for the focus child. The social worker considered trying to get a waiver, but she was concerned that because the child had not lived with the cousin it would not be approved. The child has not been visiting with the cousin or any other family members.
2. The foster mother has now signed an intent to adopt and will likely be assigned an attorney at the next court hearing. If they quickly file the adoption petition, the social worker anticipates the adoption could be finalized by the end of the year. She believes the mother is unlikely to consent to the adoption.
3. The cousin is no longer the adoptive resource.
4. Visits between the cousin and focus child have stopped, although the cousin has been encouraged to coordinate future visits with the foster parent.

## Quality Services Review Case Summary

### Case # 32

**Review Dates:** April 17-18, 2008

**Placement:** Group home

**Persons Interviewed (11):** Social worker, CFSA intern, case manager, administrative reviewer, and mother, focus youth, reading teacher, English teacher, school social worker, GAL and AAG

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus youth is a 15-year-old African-American male who is currently residing in a group home setting. He has three siblings who are also currently in foster care, two brothers ages 20 and 19, both residing in Independent Living Programs, and a sister age 17 who is currently in a Residential Treatment Center out of state. The children were removed in December 2004 following a call to the hotline with allegations of neglect. There was concern for the children's safety and well being as mother is mentally ill and did not have the proper resources to care for the children.

The focus youth has been in his current placement since October 2005, his third since entering foster care. The permanency goal for the focus youth, along with his sister and brother, is reunification. The permanency goal for his eldest brother is APPLA as he will be turning 21 this year. The focus youth maintains contact with his siblings in care and sees and speaks to his brothers weekly. He also has unsupervised visits with his mother, whom he sees one or more times a week. He speaks with his sister via telephone about every two weeks. He and his brothers and mother went out of state to see his sister approximately six months prior to the review. The focus youth also has an adult sister and brother with whom he has sporadic contact. The focus youth has no relationship with his father and has not had contact with him since he was an infant. The focus youth has stated that he has no desire to contact his father at this time.

Mother has been diagnosed with Bipolar Disorder and also has a history of crack/cocaine use. She has been linked with the same Community Support Agency (CSA) for over nine years. She has completed substance abuse treatment and has been clean for a number of years. There are a few maternal relatives with whom the focus youth remains in contact.

#### Child's Current Status

There are no safety concerns in the group home or at the youth's school. He has been in the same placement for two and half years and is described as being a model resident. He adheres to the curfew and rules in the group home. He participates in all necessary case management sessions, groups and workshops. He is very respectful and cordial to adults and peers. There are no concerns regarding the youth's behavior at his placement or at school. The focus youth is aware of his permanency goal and has expressed his eagerness to return home to his mother. The focus youth and his mother appear to have a close a relationship. He is looking forward to having overnight visits at her home once mother has acquired the necessary furniture.

The focus youth has been at his current school since the 2005-2006 school year. He is in the tenth grade and receives special education instruction. He also meets with the school social worker once a week per his IEP. Some team members that were interviewed had concerns that his current school placement is not appropriate for him; however, no one could clearly identify what the deficit areas are. There was concern earlier in the school year when the youth would not come to class with his notebook or homework assignments. The school reports that they have seen a marked improvement in his performance during this last marking period. He has opened up more and will ask for help when he doesn't understand something. He will also request to stay after school for additional instruction if he is having difficulty with an assignment. He has only missed seven days of school out of 142. His teachers feel the focus youth can benefit from a tutor, especially in the area of math, to help him improve his grades. The focus youth had a tutor last school year, but tutoring services were not in place this year.

The focus youth is in need of an updated psycho-educational evaluation. His last evaluation was completed February 2005. The court has ordered one after the most recent hearing. The 2005 evaluation stated the focus youth was mildly mentally retarded. He had no Axis I diagnosis or any presenting mental health problems.

The focus youth is enrolled in the Center of Keys for Life program. He has been attending once weekly and has been consistent for a number of months. He has been recommended by CKL staff to participate in the upcoming trip to Africa this summer.

The focus youth is court ordered to have a mentor; however, he has not had one for a number of months. He and his 19-year old brother shared the same mentor until the mentor left the agency. Attempts were made to continue with the same mentor at a different agency; however, it appears that the former mentor is still not available to work with the focus youth. He is expected to have another mentor assigned to him within the two weeks following the review.

The focus youth is healthy, with no medical problems or concerns. His last physical examination was June 2007; his last dental exam was March 2008. He has a follow up dental exam in May to fill some cavities.

### **Parent Status**

According to team members, delay in reunification with mother was mainly due to her not having a stable place to live. Mother had lost her apartment when the children came into care and has been in the homeless shelter system since. Approximately three weeks prior to the review, she moved into a new apartment. Overnight visitation is expected to begin once mother acquires the appropriate furniture and settles into her new place.

Mother is reportedly doing well in the services that she is currently participating in. She receives individual and group therapy, medication management, and a host of additional services such as money management, etc., from her CSA. Mother is also very eager to have the focus youth return to her care, stating that they have a close bond and she is ready to be a full time parent again. Mother is not fully aware of the focus youth's current needs or what his status is at school. It is unclear if she was invited to the last IEP meeting in November 2007; nonetheless,

she did not participate and is not aware of the focus youth's plan. Mother attends all the court hearings and is in regular communication with CFSA social worker. Mother also maintains contact with her children in care and encourages them to communicate with each other.

### **Caregiver Status**

The focus youth is stable in his current placement and is doing very well. He gets along well with the staff at the group home and with the other boys there. The focus youth has a room to himself and reportedly keeps it very neat and clean at all times. He is reportedly acquiring appropriate life skills while at the group home. He is responsible for doing his own laundry, which he is very capable of doing. He is assisted with money management skills and participates in group discussions on making sound life choices and handling negative peer pressure. The focus youth had the same case manager for several months before the new assignment two weeks prior to the review. The new case manager has been at the group home for over a year and is very familiar and knowledgeable with the focus youth's case.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The social worker has a great assessment and depth of knowledge of the youth and family. The social worker has been the same since the case was opened and has been available and responsive to those involved in the case. The social worker was described as a good leader in the case who communicates as needed with all necessary parties. Her court reports were described as thorough and succinct.

Key team members, including the mother and the focus youth, are aware of the case plan and next steps toward achieving the permanency goal. Team members understand the necessity to move cautiously and plan case activities and are satisfied with the pace of the case thus far.

### **What's Not Working Now and Why**

While many team members agree that the current school placement may not be the most appropriate for the focus youth, there were no definitive reasons provided. Not all team members have reviewed the latest IEP or seen the most recent grades from the last marking period. They are aware, however, that an updated evaluation is necessary to assess his current educational needs. A school meeting was scheduled to take place the week following the review to afford team members and opportunity to be updated on the focus youth's current educational status.

### **Stability of Findings/Six-Month Prognosis**

It is anticipated that the focus youth's status will remain status quo during the next six months as the school year comes to a close and the family is preparing for overnight visits.

### **Next Steps**

1. Complete psycho-educational evaluation and provide copies to all team members to evaluate current services at school and plan for the upcoming school year.
2. Ensure that a new mentor is provided to the focus youth.
3. Review the need for tutoring services and make a referral as necessary.

4. Assist mother with obtaining necessary furniture.
5. Work with mother to identify key parenting areas and assist her in acquiring the necessary knowledge and support for parenting teens (ex. developing house rules, school expectations, talking about sex and drugs, etc.).

### **60- Day Follow-up**

1. In June 2008, the focus youth was referred for a full psycho-educational evaluation. The social worker must send the last IEP and evaluation on file in order to complete the referral for the agency to schedule testing dates.
2. The focus youth has not been assigned to a new mentor to date. The social worker reported that while the coordinator from the mentoring agency, CTC, has stated that a new mentor has been identified, no contact information has been provided to the social worker or the youth.
3. The social worker will make a referral for tutoring this Fall based on the recommendations from the psycho-educational evaluation.
4. The social worker was able to assist mother in receiving a furniture voucher from CFSA to purchase living room and bedroom furniture.
5. The social worker reports she has continuous discussions with the bio-mother regarding effective parenting. An example she described was setting curfew hours for the focus youth while he is visiting with her over the weekend with his mother. The social worker stated she has had a number of general discussions and will begin to explore more specific areas.

## Quality Service Review Case Summary

### Case # 33

**Review Dates:** April 17 and 24, 2008

**Placement:** At home with birth parents

**Persons Interviewed (4\*):** GAL, social work intern, Administrative Reviewer, AAG

\*The birth parents did not follow through with four different appointments scheduled in order to participate in this review.

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is a 14-month-old Caucasian male, who resides with his birth parents under Protective Supervision. He is the only child of two deaf parents.

This child came to the attention of the Child and Family Services Agency (CFSA) in January 2007, when a nurse at Children's Hospital reported that the focus child, approximately sixteen days old, had been admitted to the intensive care unit (ICU) due to multiple injuries (bruises, retinal bleeding, bleeding from the ear, seizures, and brain hemorrhaging, two fractures in one leg, etc). Although the birth father reported that the newborn's injuries were accidental (he claimed he had accidentally hit the child's head against a door in the middle of the night after changing his diaper), the hospital found the injuries were consistent with non-accidental injuries and appeared to indicate Shaken Baby Syndrome. The focus child was removed from his parents' care approximately two days after his hospital admission and was given a status of Shelter Care. He was transferred to an alternate hospital several weeks later. After his hospital discharge, the infant was placed with his paternal grandparents, who are also deaf, with a permanency goal of reunification with his parents. The infant's birth parents visited him every day both at the hospital and at the grandparents' home. It was also reported that at some point the birth parents were semi-living with the grandparents in order to provide for and bond with their son. After 11 months, the baby was returned to his parents' care under Protective Supervision. He has been there for five months.

#### Child's Current Status

The focus child has hearing loss, which is more than likely genetic. It is reportedly possible that he would benefit from a hearing device in at least one ear. Medically and developmentally, team members consider this child extremely resilient as he has made a remarkable recovery from his extensive injuries. He is considered active and engaging with his parents and others. He receives weekly occupational and physical therapy due to difficulties with fine and gross motor skills development. For example, the baby has difficulty bringing objects to his face, which impacts his learning how to feed himself. Another example is his inability to walk yet. He receives medical care at an area hospital with the same pediatrician he had prior to his involvement with the child welfare system. This pediatrician is fluent in American Sign Language (ASL).

The focus child attends a part-time early childhood program at a school specially designed for deaf, hard of hearing, and hearing children birth through kindergarten. He receives his OT, PT, and language development (learning basic sign language) services through this school. Several team members reported that the child's acquisition of language skills through signing is on target for a deaf child with deaf parents. The days he is not at school his parents take care of him.

In terms of safety for the focus child, even though the child has been returned to his parents' care, the team expressed mild concerns about the father's ability to control his temper. While there have been no additional reported incidents of harm to the child, a major concern for the reviewers is that there is not a written and agreed upon safety plan for this family in order to prevent future injuries to the child.

### **Parent/Caregiver Status**

The focus child's parents live together. The mother has a master's level education and works. The father is a senior in a bachelor's program. He works part-time. The birth parents have not admitted to abusing their son. Even though they have maintained that the child's injuries were the result of an accident, both parents completed all court ordered tasks including: an eight-week parenting class program, individual psychological evaluations, and couples therapy. The birth father continues to participate in individual counseling with a major concentration in anger management, as court ordered. Other than remaining in therapy until discharged by the therapist, the parents have completed all court orders and agency directives for reunification. Both parents attend court.

There were no concerns raised by team members regarding the parents' ability to physically provide for the child. They ensure he attends every medical appointment and school. It was reported that the parents reinforce the tasks presented by OT and PT, and they contact the pediatrician if they identify something abnormal in the child. There is no concern that the family will not continue to ensure the child receives medical, developmental, or academic services as needed.

Team members reported that the parents and the focus child seem bonded to each other, and the parents express genuine love and concern for their son. However, the team expressed that the mother seemed more expressive and engaged with the child than the father. For example, while the father has been seen feeding the baby during home visits, the interaction is not very animated or engaged.

Both parents have signed the various case plans, although there are places where they do not agree with the language of "abuse." The father also does not agree that the focus child's developmental and physical issues stem from the injuries that lead to the child's hospitalization.

## **SYSTEM PERFORMANCE APPRAISAL SYMMARY**

### **What's Working Now**

There are many strengths in this case. First, the child has been connected to all the appropriate services and appears to have quality providers, especially his pediatrician. While no one has had contact with the school due to the parents' unwillingness to allow contact, the school nonetheless

appears to be appropriate for the child's academic and developmental needs. Second, the mother and father were connected to multiple programs and services as court ordered (parenting, mental health evaluations, etc.). The family was even linked to a deaf therapist for couples and individual therapy.

Coordination and leadership by the current social work intern, who is deaf and fluent in ASL, is positive. He appears to have a working relationship with the family and the GAL. He has continuously attempted to reach out and engage the father's therapist even though she has repeatedly rejected his efforts. He was able to work with the GAL on obtaining necessary information about the child's progress and seems to have a very good understanding of the history of the case, where the child/family are right now, and thoughtful plans for the future. He also appears to have documented his efforts in writing. The GAL is also a strong leader in this case, especially since she has been on this case since the beginning. She completes home visits with the family and has detailed communication with the child's pediatrician. She, too, was able to provide detailed history and a progression of the case.

Family court was positive for the interviewed parties. An interpreter has been present for all hearings. Team members feel that the parents have had adequate representation. There have been no outstanding court orders for the agency, and the reunification was completed within ASFA guidelines.

The family has several post-permanency supports that include the paternal grandparents, the child's specialized school, and the pediatrician. While it is unlikely that the father will continue with therapy once the case is officially closed, the family is aware of a DMH professional who is also deaf and fluent in ASL should they decide they need future services.

### **What's Not Working Now and Why**

This case has several challenges and some areas of refinement in order for this case to be safely and effectively closed. One challenge in this case is the lack of adequate engagement of the parents due to the system failure to have sufficient services for the deaf community. There is a lack of case carrying social workers and other staff members who are fluent in American Sign Language (ASL). It is by chance that there was a deaf social work intern assigned to this unit, who could be transitioned to this family. Unfortunately, the intern will leave the agency two weeks after the review, and the family will be re-assigned to the original social worker who is not fluent in sign language. As a result, that social worker will have to communicate through written questions and answers. According to several team members, the family has stated that they have been misunderstood many times throughout this case; answers to questions have not been translated appropriately or that professionals did not understand their answers fully. Within the last month or so, the family has requested that the GAL bring an interpreter with her for all future home visits, again because they feel information that has to be written back and forth is not fully understood. Getting an interpreter for evening home visits is not an easy task, as reviewers were told that anything after 6:00 pm is considered overtime for interpreters and no one is forced to take the visit, often leaving the social worker to conduct a visit through observation and writing back and forth with the parents.

Implementation of services for the father and case planning have been impaired by the father's therapist. She is the key link to closing this case, as the outstanding issue is the father's anger management. The therapist now refuses to talk with the social work intern because she says he has "bad communication skills." Two team members indicated that the therapist admitted in court that therapy sessions with the father had been inconsistent because she had been too busy to see him. In addition, she was reportedly doing therapy with the family through videophone (where the therapist conducts therapy through a special monitor from her office) and then lied about it and became angry in court. The one written report the therapist submitted was vague and indicated that even though the father has had a history of anger issues, he had never hurt anyone. She seemed to believe that the father had accidentally injured the focus child. According to team members, this case cannot be closed until the therapist answers specific questions related to the father's understanding of his emotional triggers and what coping strategies he has effectively learned.

Regarding case planning and safe case closure, it is true that the family has completed the required steps outlined by the agency and the court for reunification with their son. There have also been no other reports of harm to the child. However, as previously mentioned, a key outstanding element for safe case closure is the lack of a written safety plan for this family. Regardless of the parents' acknowledgement of how the child received his injuries, these injuries were significant and will reportedly have lasting implications for his development. In order to prevent another incident of abuse, the safety plan should include specific steps that the mother and father will take when either of them becomes overwhelmed, stressed, and/or angry. It should include who will they reach out to for support and how will they keep the baby safe while de-escalating their own emotions.

### **Stability of Findings/ Six-Month Prognosis**

This case will likely maintain status quo due to the parents completing all the court ordered and agency mandated tasks and the lack of no further reports of harm to the child.

### **Next Steps**

1. Social worker will develop a detailed, written safety plan with the family on steps they can take to ensure the child's safety (see safety planning packet supplied by the QSR team). The social worker will provide the family with a copy and place a copy in the child's file.
2. Social worker will request an updated written report from the father's therapist with very specific questions answered regarding the father's understanding of emotional triggers and what coping techniques he has effectively learned. If the therapist does not provide an adequate report, social worker's supervisor and a representative from CFSA's Office of Clinical Practice (OCP) will contact the therapist's supervisor for intervention. Due to the therapist being deaf, it may be beneficial for CFSA to use an interpreter when communicating with her.
3. Social worker will develop a detailed, written safety plan with the family on steps they can take to ensure the child's safety (see safety planning packet supplied by the QSR team). The social worker will provide the family with a copy and place a copy in the child's file.
4. The new social worker should have a translator with her for all home visits. If the agency is unable to accommodate this request, that information should be put in writing each time as evidence of a system issue that impedes effective work with this specific family

**60-Day Follow-Up**

1. Social worker reported that a safety plan was completed with the family prior to case closure.
2. Therapist supplied a written report for the last court hearing. FACES case notes indicate that the therapist only submitted the report to the GAL and refused to submit it to CFSA. Case notes do not indicate that CFSA resorted to utilizing OCP for communication with the therapist and/or her supervisor.
3. The case was closed in court the month after the QSR.
4. Social worker reported that she did not utilize a translator for home visits.

## Quality Services Review Case Summary

### Case # 34

**Review Dates:** April 17-18, 2008

**Placement:** Residential treatment facility (RTC)

**Persons Interviewed (10):** Social worker, supervisor, GAL, AAG, administrative reviewer, therapist, maternal grandmother, maternal aunt, family social worker, former in-home social worker

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is an almost 9-year-old African-American male, who is currently residing in an RTC out of state. He and his brother and sister, now aged 10 and six, were removed from their mother three years prior to the review. The case was referred to the child protective services hotline by the focus child's school, as the child had missed many days of school. While he had attended school, his behavior was so disruptive that his mother had to sit with him throughout the day. An in-home case was opened, and eight months later the children were removed due to inadequate housing and the mother's difficulty controlling her children. There were also concerns the mother was not giving the focus child his medication, and he was hospitalized once during this time period. While the case was open, the mother had two more children. They were removed due to her substance abuse and inadequate housing and placed in foster care.

The focus child's older siblings live with their maternal grandmother, who recently obtained legal guardianship of them. Also living in the home is their 16-year old female cousin. The focus child lived with them prior to his placement in the RTC, and his goal remains guardianship with the grandmother. The child was in one brief foster home placement prior to his placement with his grandmother.

The focus child is diagnosed with PTSD, ADHD, Reactive Attachment Disorder, learning disability, tic disorder, and a history of head trauma (he had an accident involving a bunk bed when he was two years old). He takes Adderall, Clonidine, Cogentin, Risperdal, Depakote, and Tegretol. He is sometimes chemically restrained using Thorazine or Vistaril. The child receives individual, group, recreational, and family therapy. He sees a psychiatrist regularly and receives special education.

#### Child's Current Status

The child periodically has aggressive outbursts towards peers and adults, although there are no reports of injuries to the child or others. Overall, he is safe, as the staff reportedly respond appropriately to his outbursts. While the child has been in his current placement for one year, his stability is poor because of two two-to-three-month-long hospitalizations that occurred while he was living with his grandmother. The grandmother preferred for the child to be sent out of state, rather than be placed in a more restrictive school in the area, as she had concerns about the quality of those schools and did not believe they could meet his needs.

The focus child's permanency prospects are good. While his discharge date from the RTC has been moved back and will likely be delayed again, his grandmother remains committed to becoming his guardian, and the child is reportedly eager to go home to her.

The child had a head trauma at a young age to which some family members attribute his behavioral problems. He had an MRI after his removal from his mother, and it was normal. The therapist described behavior the child periodically exhibits when he will get an idea in his head and not be able to shake it, and she wondered if it could be a result of the head injury. The child is diagnosed with a tic disorder, but his therapist reported it is barely noticeable and that it may be a side effect of his medications. The child is reportedly underweight and therefore receives double portions of food, but there are no serious health concerns. All of his medical needs are taken care of by RTC staff.

While the child has made a great deal of progress behaviorally, he is still not ready for discharge. In the past, he reportedly was out of control at school, although his grandmother denies problems in her home. While at the RTC, the child has had regular incidents of aggression, disruptive behavior, sexual boundary issues, and hyperactivity. He reportedly has a low frustration tolerance and does not deal well with being told no. These incidents have decreased significantly in frequency over the past two months. The number of times the focus child was chemically restrained in the past four months has gone from 23 to four. Reportedly, the child is finding new ways to deescalate and does not want to be restrained. The focus child recently disclosed sexual abuse that happened while he was living with his mother. He also acknowledged sexual acting out behaviors with his sister while he lived with his grandmother, and the therapist suspects these behaviors may have included his brother. This new openness may be the explanation for an increase in inappropriate sexual behavior or conversations with his peers. The child was caught in a sexual act with his roommate and was then given a room of his own. He was also observed carrying out "grooming" behaviors that may have been steps towards coercing them into sexual activities. Most often, the child's sexual behaviors manifest through inappropriate conversations and gestures. Although these happen approximately once a week, he is able to work past it and maintain his friendships. He also has good relationships with the adults at the RTC and is able to trust both males and females. The progress the child has made was attributed to natural maturity, the right dosages of medications, consistency, the child feeling safe and believed, and an end in sight to his time at the RTC.

Despite all of the descriptions of the child's behavioral problems, all interviewees had very positive things to say about him. He was described as likable, hilarious, engaging, popular, personable, and sweet. He is playful and makes up imaginative games. He is talkative and open and very attached to his family.

The child reportedly has some sexual orientation and gender identity issues. In the past, he has dressed up in female clothing and stated he wanted to be a girl. He recently reported to his grandmother he was a "faggot," a word she responded to negatively. The social worker is having ongoing conversations with the grandmother to ensure she will be supportive of the child when he returns to her care, no matter how he identifies. The RTC staff work with the child to teach "safe ways" to behave when he is feeling sexual.

The focus child is in the third grade. His grades have improved in the most recent marking period. Whereas he had been making D's in most of his classes, largely due to his behavior problems, he recently made all B's and C's. He is in the higher functioning class, and he is finishing 90% of his work, instead of 20%. He is still behind grade level because of all of the school he missed while living with his mother, but he is making progress.

### **Parent Status**

The child's mother visited the child four months prior to the review. She would have joined the grandmother and siblings on their visit scheduled for the weekend of the review, but she was supposed to be entering a drug treatment program. She speaks to the child on the phone regularly, and she also speaks with the child's therapist. The mother reportedly did not provide discipline for the focus child and his siblings, and she dated men who were violent towards her and who sexually molested her children. The grandmother is careful about supervising the mother's contact with the child's siblings and would continue that when the focus child lives with her again. The child and his mother reportedly have a good relationship, and when the child recently found out his mother is illiterate, he wanted to work harder in school so he could teach his mother to read.

The mother has had a space reserved in an inpatient drug treatment facility for some time, but she has continually found excuses not to go. She is primarily served by the social worker for her youngest children. This social worker has connected her to a Collaborative, offered her parenting classes and therapy, and worked to try to get her into various drug treatment programs. The mother primarily uses marijuana but has also tested positive for opiates.

The child's father is deceased. No paternal relatives are involved.

### **Caregiver Status**

The RTC staff are providing excellent physical and emotional support to the child. He has formed relationships with therapists, counselors, and teachers and they seem to genuinely like him. The staff are working with the child on a method of intervention for children who have been sexually abused that not only emphasizes that the abuse was not the child's fault and how to determine right and wrong behavior, but is also geared toward predator prevention, as the child has already been observed instigating inappropriate sexual activities with his peers.

The grandmother and siblings were scheduled to visit the focus child the weekend of the review. This would be their first visit in nine months, although they are in regular contact via telephone. The grandmother participates in family therapy, and family members are able to talk on the phone to the focus child when he calls. The grandmother is clearly committed to becoming the legal guardian of the focus child and is eager for him to return to her home. The grandmother participates in administrative reviews and court hearings, and she is open to the child receiving whatever services he needs when he comes home. She reports the focus child did not exhibit aggressive or disruptive behaviors in the home when he lived with her – his problems were at school and summer camp – so she is not concerned about him having behavioral problems when he returns to her.

The grandmother was made aware of the child's disclosure of sexual abuse at the most recent court hearing, and she reacted negatively. She did not want to believe that this could have happened in her daughter's home and that she would not have known about it. She hypothesized that the child could have been abused at the RTC or have heard someone there make allegations and repeated them. With clear communication, she will likely be able to understand the situation, but her first response was concerning to team members, especially the social worker, as they want to be sure she will believe the child if he discloses any abuse to the grandmother. The grandmother also had a negative initial reaction to the child calling himself a "faggot." The social worker had a follow-up conversation with her, and at that point the grandmother said she would love the focus child no matter what and would never want him to live a life that is not open. She expressed these sentiments during her interview as well.

The grandmother briefly had an open in-home case, due to an incident of physical discipline of her 16-year old granddaughter, who lives in the home. The case was closed within the past few months, and the former in-home worker reported no concerns and stated the grandmother was fully capable of taking care of the children.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The staff at the RTC, especially the therapist, have clearly engaged the child, as he is now trusting them enough to disclose his history of sexual abuse. The social worker is doing a very good job of coordinating the team of people locally and at the RTC. She is in regular contact with the therapist, GAL, and grandmother and was described as "excellent" and a "wonderful person." Despite having only met the child once, the social worker has an excellent understanding of his family and his issues. She clearly reads the reports sent by the RTC staff and has detailed conversations with them about the child's progress. Due to the child's recent disclosures, the GAL requested a psychosexual evaluation and is hoping for a report on it in three months. The most recent administrative review included numerous participants, including the mother, grandmother, AAG, GAL, social worker, and staff from the RTC via telephone. At this review, the social worker was reportedly clear with the grandmother about the need for the team to be sure the grandmother would believe the child if he disclosed sexual abuse to her.

While all decisions have not yet been made, the team is planning for the child's discharge from residential. The current proposed discharge date is in two months, but everyone interviewed agreed this is unlikely, due to the child's need to work through the sexual abuse he recently disclosed. Most team members projected the child would leave the RTC in time to start the new school year in D.C. Team members acknowledge the need to carefully transition the child from the structure of the RTC to a home. There is discussion around having his next placement be in a therapeutic foster home instead of going straight to his grandmother's home. It has also been suggested that the grandmother receive therapeutic training and the child be placed with her directly from the RTC. One team member expressed concern about the child returning to his grandmother because of information the child had shared about punishments he received in her home and the sexual activity that had reportedly occurred between the child and his siblings. Wherever the child moves next, the team recognizes the need for wraparound services for the focus child. They plan to reach out to the educational advocate to find an appropriate school,

implement therapy with someone who is trained to deal with issues of sexual orientation, gender identity, and sexual abuse. The RTC will ensure the child leaves with medications and has an appointment with a new psychiatrist upon discharge.

### **What's Not Working Now and Why**

While the team is functioning well, it will be important to have all of the many members on the same page as the child moves towards discharge from the RTC. The social worker reported some difficulty ensuring the treatment team at the RTC always included her in their regular meetings. They may be in contact with the agency's residential specialist, who is not passing all of the information on to the social worker. As the team makes a decision about where the child will live once he leaves the RTC, it will be important for the social worker to be communicating more with the family therapist as well.

The grandmother may need some additional support in dealing with the child's sexual abuse disclosure, as well as the question of where the child will live when he leaves the RTC, as she has a history of having strong reactions to new information. When she has had time to process the information, it seems she is more able to see the bigger picture. The team must include her in conversations about placement planning for the child so that she understands their rationale for considering a therapeutic placement over her home. The grandmother also seems to prefer to have things offered to her, such as visits with the focus child, rather than asking for them.

### **Stability of Findings/Six-Month Prognosis**

In the next six months, it is likely the child will continue to make progress on his therapeutic goals. He will likely be discharged from the RTC and living with either a therapeutic foster family or his grandmother. Assuming the planned wraparound services are in place, the child's status should improve.

### **Next Steps**

1. Communicate with the residential specialist to ensure all information from the RTC staff is being conveyed to the social worker.
2. The team should work together to assess the risk of sexual activities between the child and his siblings once he returns to his grandmother's home. They should work carefully with the grandmother and any other family supports to teach them the signs to look out for and the need for supervision and open conversations.
3. As the child moves towards discharge from the RTC, increase communication among team members, especially the individual therapist, family therapist, and grandmother. It will be important for the social worker to know what is going on in family therapy and for the grandmother to understand why the team is considering placing the child in a therapeutic foster home or asking her to attend therapeutic training.

### **60-Day Follow Up**

1. The social worker has been in communication with the residential specialist, who reported the child's likely discharge date is the end of the summer. The residential specialist suggested a team meeting to plan for next steps, and the social worker anticipated this meeting would be held within the next two weeks, as soon as she finished scheduling it.

2. The child has had a psychosexual assessment, but the report has not yet been written. There has not been any communication with the grandmother regarding the child's sexual behaviors.
3. The individual therapist has recently stopped working at the RTC. Calls by the social worker to the therapeutic director, who is also the family therapist, have not been returned. The social worker has not recently spoken to the grandmother.

## Quality Services Review Case Summary

### Case # 35

**Review Dates:** April 14 – 15, 2009

**Placement:** Kinship foster home

**Persons Interviewed (7):** Social worker, social work supervisor, GAL, administrative reviewer, therapist, kinship foster mother and mother's attorney

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is a six-year-old African-American male, who is currently residing with his maternal grandmother under kinship foster care; his permanency goal is reunification. The focus child has one sibling, who is younger and resides in the same home with him. The family initially became known to the agency in 2003 and since had three more referrals, of which only one was substantiated and resulted in the removal of the children. This occurred in 2006, when the agency received a report from the Metropolitan Police Department (MPD), which indicated that the mother left her two children outside their Youth Division office and fled the scene. An investigation was conducted and the allegation of left alone was substantiated and the children were placed in foster care.

#### Child's Current Status

The focus child and his younger brother were initially placed in a traditional foster home at the time of their removal; however, they were subsequently placed in the care of their maternal grandmother under kinship foster care. Prior to his removal the focus child was residing with his mother and younger brother in the grandmother's home, along with his maternal aunt and uncle. The focus child has remained in his grandmother's care to date and will remain in her care until he is reunited with his mother. The focus child has had one school change since coming into care and has been at his current school since his placement with his grandmother. There are no concerns regarding the child's safety at school or at home. His grandmother provides adequate supervision and maintains contact with the school to ensure his safety.

The focus child is behind one grade level as he is repeating kindergarten; he should be in the first grade. Reportedly, he is expected to pass and will be promoted to the first grade for the next school year. It was further reported that he was an average student and needs to improve on reading and math. The focus child is currently undergoing special education testing to determine if he is in need of special education services. It was reported that he has very good attendance and his behavior is appropriate for his age level; he can be redirected and is respectful to adults and well mannered. The focus child participates in play therapy and seems to be progressing well. Reportedly, he was very depressed during the period that his mother was not consistent with visitation and he rarely saw her. For the past two months his emotional stability seems to have improved significantly, as he now spends a lot of time with his mother. The child has unsupervised weekend visits with his mother, sees her on a regular basis, and enjoys doing special activities with her. He is also aware that he will be reunited with his mother very soon

and is looking forward to being with his mother permanently. His maternal grandmother also has him involved in various extra curricular activities, such as football and baseball. He will continue to participate in some of his current activities after returning to his mother's care. The focus child is current on his physical, dental and vision and reportedly is in good health.

### **Parent Status**

Reviewers did not have the opportunity to speak with the mother; however, it was reported that she recently moved into her own apartment and was in compliance with her court-ordered services. According to everyone interviewed, prior to the last court hearing, the mother was non-compliant and rarely saw her children. It was reported that the change came after that hearing, when it was impressed upon her that the children needed her and her oldest son was not doing well emotionally. The mother reportedly has a close relationship with her children and has been having unsupervised weekend visit with them. She reportedly maintains contact with the social worker and is working cooperatively with the social worker on her case plan.

### **Caregiver Status**

The focus child and his younger brother have been residing in the maternal grandmother's home since birth, except for a short separation at the time of removal while the children were placed in a traditional foster home. Reportedly, the maternal grandmother appears to be providing excellent care to the children. She expressed to reviewers that she loves and cares for her grandchildren, would always be there for them, and would be a permanency resource if the children's mother failed to comply with referred services. She is involved with the focus child's school and attends meetings and maintains contact with his classroom teacher. The maternal grandmother ensures that the focus child is current on his medical, dental, and vision appointments. The grandmother enrolls the focus child in various sports and participates in community activities.

The maternal grandmother is involved with the case planning process and attends court and meetings pertaining to her daughter's case. She participates as a team member and felt that her opinion was valid as it relates to her daughter and the children. Based on the interviews conducted, it seems that the maternal grandmother and her daughter have a very strained relationship. However, the grandmother seems to be able to put her feelings aside to ensure that the focus child's needs, such as visitation with the mother, are met.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The agency expeditiously secured an apartment for the mother and provide financial assistance to cover all the expenses for three months. It was clear that there was a functional team and everyone had a clear understanding and a good assessment of the family and what needed to happen in order for the case to reach closure. Team members seem to be advocates for the mother being reunited with her children and therefore seem to be working in that direction. The therapist working with the focus child was able to identify concrete progress for the child and maintains contact with the social worker and the maternal grandmother regarding the child's progress. The agency worker was very persistent with the mother and was able to successfully engage her in cooperating with court ordered services to ultimately move the case towards

permanence. The maternal grandmother was also approached about her intention towards the children should the mother fail to comply with her service agreement.

The social worker maintains contact with everyone involved with the case and was identified by other team members as the leader on the case. It was reported that the court was also very instrumental with the mother's change of attitude.

### **What's Not Working Now and Why**

The agency is fast approaching reunification; however, there are no post-permanency supports identified for the mother. Team members all admit that this was lacking on the case and even shared some concerns that this would be detrimental to the case should the children return home to the mother without any community supports. Most team members interviewed expressed concern that this is the mother's first time having her own apartment and felt that she could benefit from some type of mentoring services geared towards young single mothers. However, steps were not taken to initiate or investigate such resources. Since the review, it was reported that the necessary steps have been initiated to connect the mother to community supports.

Everyone interviewed were aware of the focus child's father's whereabouts; however, there has been no involvement of the agency with the father in the past year. It was reported that in the beginning of the case, there was some involvement of the father; however, due to a court order which prohibits unsupervised visits, the father seemed to drop out of the picture. There has been no attempt by the agency within the last year to re-engage the father and to reassess his situation as it relates to developing a relationship with the focus child and to include him in the case planning process.

### **Stability of Findings/Six-Month Prognosis**

The case is expected to improve in the next six months. The plan is for the children to be returned to the mother under protective supervision or have the weekend visits start on a Thursday to monitor the mother's ability to get the children to school. Either way the children will continue to spend time with their mother, which will contribute positively to their wellbeing and continue to move the case towards safe case closure.

### **Next Steps**

1. Social worker to initiate referrals to community agencies for post permanency supports for the mother, such as: mentoring services for young single mothers; community support services through Department of Mental Health; neighborhood collaborative; food banks
2. Social worker to contact father and document efforts made to re engage him in the case planning process and attempts to maintain a relationship between the child and his father.

### **60-Day Follow-Up**

1. No referrals were made to community agencies for post-permanency supports to assist the mother in maintaining safety and wellbeing for her children.
2. Social worker reported that the father was no longer residing at the last known address and his whereabouts were unknown. However, no referral was made to the diligent search unit, requesting their assistance in locating the father.

## Quality Services Review Case Summary

### Case # 36

**Review Dates:** April 17-18, 2008

**Placement:** DYRS group home

**Persons Interviewed (8):** Administrative Reviewer, social worker, AAG, birth mother, school counselor, juvenile attorney, group home manager, focus youth.

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus youth is a 17-year-old African-American male. He is the youngest of two children; his older sibling is an adult and resides on her own. At the time of the review the focus youth was not committed to the agency and was receiving services from Department of Youth and Rehabilitation Services (DYRS) due to juvenile charges. However, the youth's family has an active case with the agency, as he had been residing at home with his mother under protective supervision. It should be noted that during the two days of this review, the youth's legal status was changed and he was committed to the agency. Initially the youth had no permanency goal, due to him not being committed; however, by the second day of review, it was reported that the youth had a court hearing and was officially committed to the child welfare system; his permanency goal is APPLA. Reportedly, the reason why the youth was not committed prior to this review was due to the fact that neglect charges would have to be brought against the mother in order for the court to commit the youth. The focus youth's mother has been hospitalized for four months with a terminal illness, and her condition appears to be getting worse; she currently requires 24-hours nursing care and will not be a resource for her son, as she is unable to care for him. Therefore, the agency filed a neglect charge against the mother for inability to provide care to a minor.

The family initially became known to the agency in 2000, due to unsubstantiated allegations of neglect. In 2004, the agency received its third report on the family, which indicated that the children went to the police station to report that their father had been beating them. An investigation was conducted, and the allegation of physical abuse was substantiated against the father. The children were removed and placed in foster care.

A year before the review, the focus youth was returned to his mother's care under protective supervision. However, three months ago he was arrested for assault and was placed at a DYRS shelter facility. He was later transported to an outpatient substance abuse treatment program, due to marijuana use. While at this program, he participated in drug education classes and individual and group counseling. While on probation for the assault, the youth picked up another charge, violating his probation. The focus youth is awaiting trial regarding his criminal charges, which will determine whether or not he will be committed to DYRS or the child welfare system, since returning home is not an option.

### **Child's Current Status**

The focus youth is placed at a DYRS shelter house and will remain there while his juvenile charges are pending. The youth is currently on probation pending the outcome of his upcoming trial. Reportedly, the youth seems to be adjusting well and since his placement two months ago; there have been no concerns regarding his safety at home or at school. According to everyone interviewed, the youth is the safest he has been in the past two months. It was reported by the program that, since his placement, the youth participates in activities organized by the shelter house, adheres to all house rules, completes his chores and interacts well with his peers. Reportedly, the focus youth is seen as one of the model boys currently in the home. Unfortunately, this placement is only temporary, and the youth should have actually been discharged from the program after thirty days. All parties involved in the youth's case share similar concern that if the youth leaves his current structured setting, he may return to his old habits. The youth has a history of non-compliance, involvement in illegal activities and risky behaviors, which caused him to have a juvenile case. However, since coming to his current placement he has been demonstrating more responsible behavior. Everyone attributes the youth's good behavior to the type of placement.

The agency is currently in the process of identifying an appropriate placement for the youth for his transition from the juvenile shelter house to foster care. Due to his age and history, it was reported that he would not be eligible for admission into an independent living program at this time. However, this may be explored at a later date. It should be noted that the youth had approximately ten placements within a one year period prior to returning home to his mother in 2007. He has also attended an estimated four schools. He is currently 17 years old and in the ninth grade, and he is not passing this grade. The youth is aware that he is several grades behind and does not wish to remain in school to pursue a high school diploma. He has expressed a desire to take the GED examination and to further his education by attending trade school to study air conditioning and refrigeration.

The youth has not had a physical in over a year, and it is unclear when he actually had his last one. The mother was unable to provide this information to social workers due to her dementia, and the youth does not recall. Furthermore, the youth has a bad cavity in his tooth that is causing him a lot of pain, but no one has attempted to take him to see a dentist. Reviewers learned that since the youth was not committed to the agency, the responsibility for him to be taken to the doctor and dentist would be DYRS. However, there was no indication that anyone was attempting to take the youth for an examination. The focus youth seems to be very close to his mother and visits with her at the hospital on a regular basis. Although the youth is not close to his father, he still visits with his father and provides him with assistance, due to the father's illness. The reviewers were concerned that the youth's parents are both ill and his mother's condition is getting worse; however, there is no therapeutic intervention in place. It is also unclear as to how much information the youth has regarding his parents' medical conditions. The youth also visits with his adult sister and his niece and nephew.

### **Parent Status**

The birth mother is currently in the hospital and is diagnosed with a terminal illness. Additionally, she was recently diagnosed with dementia, which seems to be progressively getting worse and therefore makes it difficult for the mother to care for herself. It was reported by

hospital personnel that the plan is for the mother to be discharged to an assisted living program. The birth mother seems to be very close to her son and cares about his wellbeing. At the time of the visit she was very coherent and provided detailed information regarding her son and what was going on with him. It was also clear that the mother is aware that she can no longer care for her son and informed reviewers that she would like him to go to an independent living program.

It was reported that when the focus youth initially came into care, the birth mother cooperated with the agency and complied with her case plan to complete all the recommended services. As a result her children were returned to her care under protective supervision. However, her medical condition deteriorated and she is still hospitalized to date.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The focus youth's current placement seems to be positive and he appears to be adjusting very well. The youth has people at his placement that he can talk with and look to for guidance. The focus youth has a close relationship with his immediate family members and visits with them on a regular basis. He visits with his mother on a daily basis in the hospital; he visits with his father, even though it is strained at times; and he spends a lot of time with his sister and his niece and nephew.

The worker seems to have established a good working relationship with the youth, his mother, and his father.

### **What's Not Working Now and Why**

Although the social worker appears to be the leader on the case, it was beyond her control as to the direction the case headed. The fact that the focus youth had a dual jacket in the legal system and did not have a committed status with the agency negatively impacted the outcome of his case; the social worker did not have the authority to implement services. CFSA and DYRS should be working together on behalf of the youth, but each seems to be working independently and rarely came together as a team. The social worker seems to have a clear understanding and assessment of the youth; however, not everyone involved shared the same understanding. There was evidence of some coordination; however, coordination was lacking between the two agencies. The social worker scheduled a family team meeting to address some of the issues on the case, but all of the right people were not included. This systemic breakdown has caused the focus youth's medical, dental and mental health needs to be neglected, as the appropriate implementation of services was not initiated.

The focus youth is dealing with both his parents suffering from a medical condition, especially his mother who is terminally ill. This could potentially become overwhelming for him and there is no therapeutic intervention in place.

### **Stability of Findings/ Six-Month Prognosis**

It is anticipated that the focus youth will have another placement within a few weeks; however, if this is not as structured as the current placement, he could resort back to his old habits. As a result the case would decline in the next six months.

**Next Steps**

1. Social worker to refer the youth for medical and dental examinations.
2. Social worker to schedule a meeting between the school, the educational advocate, AAG, school counselor and youth to address his educational needs.
3. Social worker to initiate a referral to department of mental health for wrap around services for the youth once he is discharged to the agency for placement.
4. A referral to the William Wendt Center for therapeutic services to help the youth deal with his parents' illnesses.

**60-Day Follow-up**

This case was transferred to a different unit during the 60 days after the QSR.

## Quality Service Review Case Summary

### Case # 37

**Review Dates:** April 14, 15 and 30, 2008

**Placement:** Foster home

**Persons Interviewed (12):** social worker, supervisor, GAL, AAG, mother's attorney, child's teacher, paternal grandmother, godmother, current foster mother, previous foster mother and father, child

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is a five-year-old African-American female, who resides in a foster home with her two-and-a-half-year-old half-sister. The focus child also has an infant half-brother, who resides with his father and is not connected to the child welfare case. The focus child's sister was reportedly raised by the children's godmother since infancy.

Three months prior to the review, a report was made to the Child Protection Hotline stating that the birth mother had been talking about killing herself. It was also alleged that the mother had mental health issues for which she was not taking her medication and that she abused alcohol. Further, it was reported that the mother physically disciplined the focus child. During the initial investigation visit the birth mother was apparently under the influence of alcohol and possibly drugs. She became highly agitated and made threats against a neighbor, whereupon she was taken for a mental health evaluation. While the two girls were not raised together, they occasionally visited. The younger child happened to be visiting overnight with her mother when the investigation occurred. Since no legal guardianship paperwork had been completed for the godmother, both girls were removed from the birth mother's home and placed in shelter care together.

The child's 25-year old birth mother has significant issues with alcohol, depression, unstable living arrangements, and domestic violence. At the time of this review she was reportedly unemployed and homeless. While the focus child's father is deceased, her paternal grandmother is involved in the case. She is divorced with two daughters, one age 10, the other a senior in high school who is planning to attend college next year. This grandmother has unsupervised visitation with the focus child every other weekend.

The girls' godmother is also involved in this case. The godmother is employed and lives with her own grandmother. Both she and her grandmother reportedly share a positive relationship with both girls, but especially the focus child's younger sister, who they have raised since infancy.

#### Child's Current Status

The focus child is described as very bright, very verbal, articulate, and resilient. She was also described as being parentified and as "aware of things beyond her years." The child appears to

be very emotionally resilient and able to express her feelings quite directly. For example, she indicated that she had bad dreams about her mother hitting her and that she did not wish to have her mother visit the foster home.

The focus child is in kindergarten, and her school placement has been maintained thus far. While living with birth mother, the child had good attendance, but the mother was often late in picking her up in the afternoons. Since being in foster care, she has had excellent attendance overall. Academically, the focus child's teacher indicated that she has brought up her reading level to the basic level, but is below average in math. The teacher also commented that the focus child's behavior is "not the best" as she sometimes talks back, not to be "sassy" but to just to "have the last word."

The focus child is described as healthy. She is current for her annual physical and dental evaluations. At the FTM, it was indicated that the focus child has allergies to peanuts and chocolate and is supposed to have an epi-pen for use in an emergency. Neither her previous nor current foster parents were provided with the prescribed epi-pen, nor had they been trained in its use. The school had an epi-pen, but the nurse cannot use it as the physician's order has expired. The day care provider similarly had no epi-pen. One person interviewed stated that both the focus child and her sister had been diagnosed with iron deficiencies and had been prescribed medication, but that does not appear in the record, nor is the current foster parent aware of it.

The focus child's stability is a major concern in this case. Since her removal from her mother's home three months prior to the review, she has had three foster care placements. The first placement was in a temporary STAR home. The second placement was with a two-parent family where both parents were employed full-time. The placement apparently disrupted for several reasons, including a lack of school transportation for the focus child. In the beginning of the placement, the foster father drove her to her original school, a long distance from their home and his work, and picked her up from the aftercare program. When employment-required travel for the foster father became necessary, the foster parents requested assistance with transportation. It was suggested instead that they transfer the focus child to their neighborhood school. They refused, as they had been told that the child's plan was for her to be quickly placed with her paternal grandmother or the godmother. These changes would necessitate yet another school change, which they believed would not be in her best interest. The family then requested that the children be removed, as the logistics had become too difficult and the support for the placement too minimal.

Two weeks prior to the review, the children moved to their third and current placement in just over two months. Transportation was provided to that foster mother so the focus child could at least maintain school stability. She was moved to an aftercare program near the foster mother's home. This foster mother works on weekends, with two days off during the week. However, the children attend day care on her days off and were initially going to a babysitter on the weekends, although the focus child continues to spend alternate weekends with her grandmother. Just prior to the review, the foster mother requested weekend respite, saying her former weekend backup was no longer willing to provide care. She stated that if respite was not provided, she wanted the children removed. The agency provided respite, but the children are likely facing their fourth placement in the very near future.

### **Parent Status**

The mother's attorney and her social worker have urged the mother to enter the Family Treatment Court program with her daughters, but she has been unwilling to do so. She has expressed that the strict rules of that program are not acceptable to her. She has been referred to an out-patient substance abuse program, which she claims she is attending, although there is no verification of this or of her current sobriety or lack of sobriety. She has had a psychological evaluation, but the report has yet to be received. She has neither a permanent address nor a telephone but does maintain contact with her social worker and attorney. She attends weekly visitation, along with the godmother and godmother's grandmother, and occasionally her own mother, "stepfather" and others. It was reported that during these visits she interacts to some degree with the focus child but not with her youngest daughter. It was reported that if the mother attends the visits alone she does not really interact with the children and often leaves early.

At the FTM the paternal grandmother initially indicated that she would take both girls. However, very shortly after, she decided that she was willing to take only the focus child, who is her biological grandchild. The godmother then expressed her willingness to take both girls. The agency subsequently focused solely on placement with the godmother in order to keep the girls together. The godmother and her grandmother obtained a larger apartment to accommodate the girls, but as the home study progressed, it emerged that the godmother was on probation, which would end the week after the review. Given uncertainty about whether Maryland would allow the godmother to be licensed due to her criminal history, a backup plan of placing the focus child with her paternal grandmother was developed. At the time of the review, the grandmother had completed almost all of her licensing paperwork.

### **Caregiver Status**

The current caregiver was rated as poor, as her care is of a very limited and custodial nature. A typical day for the focus child was described as follows: foster mother leaves the house at 6:30 a.m. and drops the child off at day care where she receives her breakfast. However, she has to eat her breakfast on the bus because she is picked up at 7:00 a.m. After school, she is transported back to the daycare, often arriving around 5:30 p.m. as the last child dropped off. The foster mother's adult daughter then picks her up at 6:00 p.m. and returns her to the foster home. From there, the foster mother provides dinner, bath, and some time watching TV before going to bed at approximately 8:00-8:30 p.m.

While the home is adequate and the foster mother provides the minimum of care in terms of dressing the child adequately and keeping her clean, the foster mother has proven unwilling to do basic parenting tasks. For example, when miscommunication resulted in the focus child being sent to daycare rather than being retained at school for pickup by her paternal grandmother, the foster mother refused to pick up the child from the daycare center as requested by the agency, claiming that the agency was asking too much of her. In addition, even though she claimed no one in her family could assist in picking up the child, one of her family members found the focus child the daycare center when picking up his own child and brought her back to the foster home.

Thus, there appears to be little, if any parenting occurring. There appears to be no emotional support from this foster mother, just custodial care for very limited periods each day. When

asked how she had liked her placements, the focus child replied that she had liked the first two but “wasn’t sure about this one yet.”

## **SYSTEM PERFORMANCE APPRAISAL SYMMARY**

### **What’s Working Now**

The social worker has engaged the mother, the focus child and her sister, the godmother, and to a lesser extent the paternal grandmother, although individually. The social worker has established a relationship with the mother, demonstrated by the mother maintaining contact with her. The social worker has referred the mother for services in a timely manner, has facilitated weekly visitation, and has reached out to extended family as permanency options, including the paternal grandmother and the godmother. The mother attends visits regularly and claims to be attending a treatment program. School stability has been maintained and, despite the placement changes, the focus child seems to be functioning relatively well and is described as being very popular in her school.

The social worker appears to have a good overall assessment of the birth mother and the focus child. She appeared compassionate about the changes the children have been through and was able to articulate how this current placement could impact them. She sees some of the mother’s challenges and how they directly impact her parenting and her willingness to parent in the future. In addition, she is aware of the birth mother’s desire for the children to be placed together with the godmother.

Both the paternal grandmother and the godmother have demonstrated commitment to the focus child, and both have been proactive in moving towards placement. However, each person feels that they are going to be the placement option for the focus child. The PGM has bi-weekly weekend visits with the focus child and has arranged school and day care placements for her, should the child be placed with her. The godmother has visited weekly at the agency, obtained a larger apartment as requested, and has also arranged school and day care for both girls.

Court was positive for the interviewed parties. Team members feel that everyone had adequate representation. There have been no outstanding court orders for the agency, and the case was moving forward with a disposition hearing later in the month.

### **What’s Not Working Now and Why**

Team formation and functioning is a barrier in this case as there is no real team assembled or operating. This lack of teaming has significantly hampered case planning and implementation. The mother’s treatment program has not been engaged in order to verify if she is actively attending the program and maintaining sobriety. Coordination with the focus child’s school was less than optimal. Although her teacher was informed that the child was in foster care, she was not told of her various changes in placement and was therefore not in a position to fully support the child. Additionally, the former foster parents were not treated as valued parts of the team. The lack of support of and full communication with that foster home led directly to the placement disrupting, forcing another change on the children. The current foster mother does not appear to be a team member either. She was not provided with the children’s information packets, did not have medication information, and her work schedule was not fully assessed prior

to the placement of the children. This has led to the need for different respite care providers and minimal-to-nonexistent emotional support of the child and her sister.

Team members do not appear to be fully informed in how the case is progressing. For example, the godmother and other team members thought the children would be placed with her the day her probation ended, but the social worker had not determined whether licensing would ever be possible due to her probation status.

Planning has been sequential rather than concurrent. Priority has been placed on keeping the focus child with her sister rather than on prompt permanency with her grandmother, even though the girls had never lived together and were not particularly familiar with each other. In addition, the birth mother indicated that she wanted the godmother to provide for both girls as she does not like the paternal grandmother. Nonetheless, when the godmother became the favored placement option, consideration of the grandmother essentially stopped until potential problems with the godmother's placement arose. Further, there was poor coordination with licensing. The social worker had trouble determining the policy regarding Maryland licensing a foster parent with a criminal history, and other CFSA staff were not helpful in providing information to the social worker.

Implementation of services for the child was weak and has negatively impacted her stability. Her health needs were not fully attended to; her visits with her grandmother did not always occur as scheduled for logistical reasons; and she has been subject to significant placement instability due to inadequate support, information sharing, and service implementation for the second foster parents. The foster parents were not provided with a Placement Passport at any time and did not even know what school the child attended, so she missed several days of school. It should be noted that the third foster parent was not provided with a Passport either, although a completely blank document was given to her by the social worker as the reviewers were doing their interview. Medical appointments were scheduled without consideration of the family's schedules, and they were not told that they could use a provider closer to their home, rather than a clinic at the other end of the city. When the foster father's business travel necessitated assistance with transportation, the response that they should change the child's school seemed to the foster parents as "non-child-focused" as this was a change for convenience to the foster parents over stability for the child. Faced with what they viewed as an impossible logistical situation and thinking that the child would be going to her godmother; the family gave 10 day notice requesting removal. Two days before removal they learned that the girls would be going to yet another foster home, and they were then offered transportation to maintain the placement. Given the history of difficulties with implementation, the family did not trust that the commitment would be honored. At the last minute they were asked to keep the girls over an extra weekend, which they willingly did.

The failure to develop a strong team has hampered progress in this case, as has the absence of strong concurrent planning regarding placement options. While it is generally good practice to keep siblings together, in this case the children have not been raised together. In addition, several team members feel that the children do not have a strong bond, yet the attempt to place the girls together with the godmother has taken precedence over the child's need for prompt permanence.

### **Stability of Findings /Six-month Prognosis**

The six-month forecast for this case is that it will probably remain status quo, as the child is doing relatively well despite the caregiver and several system barriers. However, there is also a strong chance that this case could decline due to the fact that the child will have additional placement, school, and aftercare placement changes. The deciding factors will be the level of support put in place for the child and the level of thoughtful planning around the upcoming changes.

### **Next Steps**

1. The social worker will meet with the mother within the next 2 weeks to reiterate the timeframes and outcomes involved in child welfare cases and the necessity for her to make immediate and intense efforts to remediate issues of concern if she wishes to regain custody of her children. This meeting should be documented in writing.
2. The social worker will immediately contact the godmother's probation officer to determine if her convictions were felonies or misdemeanors and therefore whether licensing of the godmother is a realistic option. If it is not, placement with the paternal grandmother will be considered the next option and accomplished as soon as her licensing is completed. All information should be documented in writing.
3. The social worker will immediately update all stakeholders by phone or email, most particularly the godmother and paternal grandmother, of the status and barriers of licensing each household. A family team meeting – either formal or informal – will be held within 2 weeks, and should include representatives of the mother's treatment providers to discuss permanency and placement plans should either home not be licensed. This meeting will be another opportunity to document conversations with the birth mother regarding timeframes and outcomes for permanency. Again, this meeting should be documented in writing.
4. The social worker will immediately and continuously follow-up with the CFSA placement office regarding the possibility of short term respite care in the child's current placement in order to stabilize the placement until placement with either her grandmother or the godmother is accomplished. This child has had a great deal of instability and all efforts should be made to **temporarily** maintain this placement.  
If the godmother or the grandmother are unable to be licensed, serious consideration should be given to changing the child's placement due to the serious concerns the CFSA social worker, supervisor, and QSR reviewers have with this foster home. It may be helpful to document these concerns in writing.
5. The social worker will immediately reach out to the child's school in order to engage the school as an active team member on this child's behalf. In addition, the child's instability should be discussed with the teacher so that a plan may be developed in order to allow the school to support the child.
6. Within the next thirty days the social worker will contact the mother's mental health and substance abuse teams to ascertain mother's status, participation and progress. These team members should be consistently asked to participate in case planning for this case. All contact should be documented in writing.
7. The social worker will within one week ensure that all persons caring for the child (foster parents, school, day care providers, and grandmother) have EpiPens in order to treat a severe allergic reaction to nuts and chocolate. In addition, the social worker will obtain any necessary

doctor's orders authorizing their use and ensure that all parties are trained to use the EpiPen by OCP nurses or the child's treating pediatrician.

### **60-Day Follow-Up**

1. The social worker reported she had met with the mother on several occasions (at least one was with her supervisor) to discuss the mother's timeframes for reunification with her two children. The social worker reported the mother claimed, yet again, that she would go to the drug treatment court; however, she did not follow through with this plan. Visitation with the children was discussed, and it was planned that the children's caregiver would supervise the visits. In June, this plan had to change back to agency supervised visits, as the birth mother hit the focus child's sister. The social worker reported that the mother commented that she thought she had "more time," but it was reportedly laid out that her time is quickly passing. There are no FACES case notes related any conversations with the birth mother.

2. The godmother's convictions were misdemeanors. She will be able to be licensed.

3. As the social worker was able to ascertain that the godmother would be licensed, there was no need to contact all the parties related to the barriers.

4. The agency allowed the children to spend the weekends with their godmother for respite until her home was licensed.

The focus child and her sister were placed with the godmother approximately two months after the QSR.

5. A letter was sent to the focus child's school regarding her visits with her grandmother.

The social worker reported she has had several conversations with the focus child's teacher regarding her placement changes and the future plans for the child. She reported that she talked with the teacher when the child was placed with the godmother and that CFSA would be providing transportation for the remaining two weeks of the school year. The social worker informed the teacher that the godmother would be withdrawing the child from that school at the end of the school year in order to enroll her in a Maryland school.

6. The social worker reported that she had spoken with the mother's mental health case manager who reported that the mother was not following-up with any mental health treatment. The social worker also reported talking with the mother's substance abuse case manager at Trinity, who also reported that the mother was not taking advantage of any services or assistance.

7. The social worker indicated she did not know about the child needing an EpiPen or how to get an EpiPen. The specialist reminded the social worker of the child's reported allergy to peanuts and chocolate and the discussion that was had during the QSR debriefing. The social worker called the child's godmother/caregiver who confirmed the child's allergies and the need for an EpiPen. The CFSA nurse contacted by the QSR specialist indicated she would schedule a medical appointment for the child to see a pediatrician regarding this issue so that prescriptions for EpiPens could be written for the child. There was discussion around if the child needed an appointment with an allergist. The child will see the pediatrician first. The social worker was told that she had to obtain EpiPens for the new school, the caregiver, and any summer camp/daycare provider.

The nurse later confirmed that there was an appointment scheduled for this child to see a doctor regarding this issue.

## Quality Services Review Case Summary

### Case # 38

**Review Dates:** May 12-13, 2008

**Placement:** Pre-adoptive home

**Persons Interviewed (14):** Pre-Adoptive mother, focus youth, social worker, therapist, adoption social worker, education advocate, and maternal great-aunt, social worker for siblings, AAG, GAL, education coordinator, teacher, school social worker and compliance specialist.

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus youth is a 17-year-old African-American male who is currently residing in a pre-adoptive home. Two of his siblings were placed with him in the summer of 2007, a 13-year old sister and 14-year old brother. The focus youth has three other siblings who are in another foster home – a nine-year old sister and two brothers, ages seven and eight. The focus youth was removed along with his siblings in June 2000 due to neglect and abuse allegations. He has resided in the current placement for the past four years and his goal has been adoption for approximately two-and-a-half years.

The permanency goal for all of his siblings is also adoption. It is expected that finalization of the adoption for the focus youth will occur at the next court hearing the month after the review. The focus youth visits with his other siblings in care, though not on a consistent basis due to scheduling difficulties between both foster homes. There is a maternal great-aunt who is very much involved with the focus youth and his siblings. She picks up the children a few times per month and tries to facilitate visits between the other siblings as well. Through this aunt, the focus youth is able to stay connected to his birth family members. The aunt also occasionally supervises visits between the focus youth and his mother. The focus youth has no relationship with his father and has expressed that he does not have a desire to pursue one. Both his mother and father have consented to his adoption.

The focus youth has been diagnosed with a mood disorder and as being mildly mentally retarded. By all accounts of those interviewed, he is very high functioning. He also has a history of seizures. He has been taking Strattera and Zyprexa daily for the past five years and receives medication management. He has participated in weekly in-home individual therapy for the past two years. He receives tutoring and mentoring services as well.

#### Child's Current Status

There are no safety concerns in the home or at the youth's school. He is very respectful and cordial to adults and peers. The focus youth was described and observed to be very mannerly, sociable, engaging and friendly. There are no concerns regarding the youth's behavior at his placement or at school.

The focus youth has been at his current school for the past four years. He attends a specialized school for MR and special needs children and youth. His current program has a focus on vocational and life skills training, with a minimal emphasis on academics. According to school personnel, the focus youth has made tremendous improvements in the past year, gaining very good communication and interpersonal skills. He was described as being more verbal and expressive of his feelings, demonstrating skills at problem-solving and de-escalation in situations between him and peers. He reportedly has achieved all of the goals outlined in his IEP. He spends several hours per day volunteering at a neighboring hospital where he works in the laundry and linen department. He has been in this volunteer program for approximately two years to help him gain skills in the work environment. He has expressed that he is now very eager to work for money. The focus youth fully participates in approximately two hours of reading and math tutoring in the home weekly. Those interviewed stated that the tutoring has been very helpful to the focus youth and supplements the academic instruction he is receiving at school. Although his adoption is expected to be finalized soon, the focus youth has no solid educational/vocational plan in place, as he will have to change schools.

The focus youth began therapy two years ago to address issues of his aggressive behaviors (mostly verbal towards his pre-adoptive mother), managing his anger, and improving his peer relationships. Interviewees stated that the focus youth has stabilized and does not present with any major issues requiring ongoing therapy post adoption. However, he is expected to continue taking his medication.

The focus youth was enrolled in the Center of Keys for Life program one month prior to the review. He has only attended two sessions and expressed that he was pleased with the program and is enthusiastic about attending regularly. He is an active member of his church and is in the choir.

While the focus youth was described as high functioning, there was some concern expressed by interviewees regarding his hygiene and grooming. As his life skills continue to develop, he still needs monitoring and guidance to ensure he bathes properly and that he has a fresh, neat appearance. He otherwise exhibits responsible behavior and makes appropriate choices. He is a junior coach for a local little league football team, which he enjoys immensely. He conducts himself appropriately at school, work, and in the community. He has recently learned how to navigate the public transportation system. He is very family-centered and speaks highly of both his biological and pre-adoptive families. He gets along well with all of the household members. The pre-adoptive mother has two biological children, a boy and girl ages 11 and three, and an adopted son, age 10. Being the eldest in the home, the focus youth expresses often his desire for greater responsibility and independence. He likes to prepare and bake desserts and is able to do so with minimal supervision. The focus youth shares a room with his 14-year old brother and reportedly keeps it very neat and clean at all times. His social worker and therapist reported they have had discussions with the youth to answer his questions and curiosities about female peers, dating, and responsible sexual behavior. They reported their belief that the youth is not yet sexually active.

Outside of a history of seizures, the focus youth is healthy, with no outstanding medical problems or concerns. The focus youth has been prescribed glasses which he currently has and wears occasionally. The focus youth had a recent dental check-up and requires a follow-up exam.

### **Caregiver's Status**

The pre-adoptive mother has expressed that she is eager to finalize the focus youth's adoption. She has assisted the focus youth in obtaining and maintaining a bank account and has been teaching him money management skills. She is able to meet all of the focus youth's basic needs. She has a sound relationship with his maternal great-aunt and coordinates visits with her. She also allows open and free communication via telephone between the birth family and the focus youth. She is very supportive of the focus youth's emotional needs and keeps him motivated and empowered. For example, she recently took him to the bank and allowed him to make a small withdrawal from his bank account which made him feel very responsible. She encourages him to do things that his peers are doing to build his self-confidence, like taking public transportation.

While the pre-adoptive mother is aware of all of the services that the focus youth is currently receiving, she is not actively involved in ensuring his participation. For example, while she is aware that the focus youth participates in the CKL program, she is not fully aware of all of the facets and benefits of the program, nor is she aware when the focus youth must attend. She expressed concerns regarding the focus youth's mentor and the lack of academic focus at his school; however, she has not been fully involved in advocating for any change in these areas. She also has not had the opportunity to participate in formal transition planning for the focus youth.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The social worker on the case appears to have built a good rapport and open relationship with the focus youth and the pre-adoptive mother. The social worker meets with the family on a weekly basis, giving him the opportunity to build a meaningful relationship with the focus youth. This can continue in some capacity post-adoption, as the social worker will still be visiting the home working on the siblings' cases. Although the social worker has been assigned to the focus youth for just eight months, the youth has experienced staffing consistency, as the current supervisory social worker on his case was his most recent social worker. This supervisor has been a helpful source of information and continuity for both the youth and his social worker.

The focus youth is placed with two of his biological siblings in a family-like setting. He has experienced placement stability in this home. In addition, his great-aunt and pre-adoptive mother have collaborated to enable him to have contact with his siblings in another foster home.

Following a recent investigation of alleged child abuse and neglect in the pre-adoptive home, the team responded appropriately by having a telephone conference to discuss the situation and ensure the focus youth's safety in the home. (The investigating jurisdiction reportedly unsubstantiated the allegation and closed its investigation after developing a safety plan with the family.)

### **What's Not Working Now and Why**

There has been inconsistent or insufficient communication and teaming among key players involved in the focus youth's case. One indication of this is that no one appears to be systematically working to ensure that he is in a suitable educational or vocational placement after he leaves his current school setting post adoption. Team members do not have concrete information about procedures to enroll the focus youth in the Maryland public school system, access special education services, or enroll him in an appropriate vocational or work-study program. The focus youth's interests, goals and skills have not yet been formally assessed, and there is confusion among team members about his capabilities. There is no consistent individual leading the effort to ensure educational/vocational continuity for the focus youth and to facilitate communication between the focus youth, his pre-adoptive mother, and other key players.

Those interviewed were unclear as to how the focus youth will continue to receive his prescriptions and medication management. While a few services providers have begun to terminate with the youth, there has been no conscious effort made to ensure that the focus youth understands that his relationships with some individuals are drawing to a close.

### **Stability of Findings/Six-Month Prognosis**

It is anticipated that the focus youth's status may decline if there is not proper transition planning and the linkage and continuation of important services. Many of the people that the focus youth has come to share meaningful relationships with, such as school personnel, the tutors and mentors, will come to an end. One mitigating factor is that there will still be a social worker involved with the family as work continues toward the adoptions of the focus youth's younger siblings in the home.

### **Next Steps**

1. Hold a team meeting or have discussions with all team members to develop a transition plan that includes:
  - a) Development of an educational/vocational plan, including conducting a vocational assessment to determine the focus youth's strengths, areas of interest, and goals, and identify educational/vocational programs that he can enter at the end of this school year. Determine the enrollment process, eligibility criteria, and whether any evaluations or assessment will be required.
  - b) Identification of resources and supports that the focus youth might be eligible for, such as SSI or Maryland's MRDDA/DDS services, including community based resources where the family can go if the focus youth experiences an emotional or behavioral crisis.
  - c) Working with the pre-adoptive mother to identify supports for her, such as within her church or a support group for parents who care for special-needs youth.
  - d) Ensure a plan is in place (including referrals) to maintain the focus youth's psychotropic medication prescription and medication management after finalization of his adoption.
  - e) Ensure the focus youth receives a follow-up dental exam before adoption finalization.
2. Ensure that the pre-adoptive mother and focus youth understand the benefits of his full and consistent participation in the CKL program, such as, stipends and Educational Training Vouchers (for vocational training and tuition assistance). The focus youth would also benefit from workshops that promote socialization and teach self-care, and from leadership activities that fulfill his desire for greater responsibility and contact with peers.

## Quality Services Review Case Summary

### Case # 39

**Review Dates:** May 12-13, 2008

**Placement:** Maternal grandmother and aunt's home (out-of-state)

**Persons Interviewed (7):** private agency social worker, private agency supervisor, out-of-state social worker, AAG, GAL, youth, and aunt/caregiver

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus youth is an 18-year-old African-American female, who resides with her maternal grandmother and aunt more than 500 miles from the District of Columbia. The youth has three older sisters, one of whom resides in the home with her. Her two eldest sisters live in the same area but in their own apartments. The youth's birth mother, who has reportedly remarried and has a young son, resides approximately one hour from the youth and usually visits on a monthly basis. The youth's father, who has no contact with the youth, was last known to live in Washington, D.C.

The focus youth's family came to the attention of the Child and Family Services Agency (CFSA) in January, 1990 when the local police department responded to a domestic violence incident between the birth parents. Upon arrival, the police found the youth's three older sisters in a roach infested apartment with inadequate food and clothing. The three girls were removed and placed in shelter care. The focus youth, who was born approximately a month later, was placed in foster care by her mother shortly after her birth. It appears as though the youth had one foster care placement before she and her three sisters were placed with their grandmother out-of-state in 1992. According to available information, the youth had a permanency goal of adoption from 1996 through 2004. Over the years there were multiple barriers in achieving permanency through adoption, one of which was licensing issues, and another was the grandfather not residing in the United States. Both the birth mother and father consented to the adoptions in 2001. In the end, the grandmother withdrew her adoption petitions for all four girls. In 2004, CFSA attempted to close the case and was denied by the court. The GAL filed a motion to change the permanency goal from adoption to APPLA as she opposed closing any of the girls' cases prior to their 21st birthdays because the aunt required financial assistance in order to provide for the girls. APPLA became the current goal in 2004. According to court orders, a TPR was never filed due to the youth and her sisters residing with a relative, their relationship with their birth mother, and the goal no longer being adoption.

Limited case management for the focus youth is provided by a Washington, D.C. private foster care agency. Hands-on case management and monitoring is provided by the youth's local child welfare agency.

#### Child's Current Status

The focus youth is described as being an intelligent, beautiful, personable, caring, and social young lady. The out-of-state social worker described her as a "great teen, who has really

blossomed into a lovely young lady." The only challenge reported is the youth's trouble focusing on her school work or on household chores. The aunt indicated that she needed some prompting and tends to "lollygag" but in the end she can accomplish the desired task. The youth has resided in her maternal grandmother's home since she was approximately three years old, and there are no concerns that she will leave this home until she ages out of the child welfare system. There were no safety concerns expressed by any of the team members. The out-of-state social worker commented that the youth receives quality care from her grandmother and aunt. There were no concerns related to methods of discipline as the aunt uses rewards and consequences with the youth, and it seems to be effective.

The youth has a very close relationship with the sister who resides in the home with her and indicated that she is the first person she confides prior to talking to her aunt and grandmother. The youth stated she sees her older sisters at church or when they come over to the house. She admitted she does not always enjoy seeing her second-oldest sister because when she comes to the home she tends to steal the other girls' clothes, shoes, music, etc.

The focus youth is considered a senior in high school and is completing an academic independent study in place of attending school. The aunt felt the youth had been doing poorly in several subjects in school (C's, D's, and F's) due to being easily distracted by boys and her need to be a "social butterfly." She had been in advanced placement courses (she still receives advanced placement work). The youth was not happy about being taken out of school because she liked school and the socialization. She stated she had been placed in advanced classes and felt she was not given the assistance needed to maintain passing grades. Since doing the independent study program her grades have improved. She has tutoring once per week to assist her with preparing for the SAT. Team members were unclear as to when the youth will graduate from high school. The aunt and youth indicated she has to complete summer school and possibly earn some additional credits during the fall of 2008 but that she will "walk" in the graduation commencement with the class of 2009. According to several team members, the youth does not have current plans for college and has not identified a career path. The youth indicated she would like to be an actress but realizes that this is not the most practical plan and she should have a more sensible back-up career plan. The aunt prefers that the focus youth learn a trade or become employed first, and then she can attend college in the evenings when she decides on a career. The aunt also believes that the youth is not "focused enough" to attend a four-year college.

The focus youth and her family are highly involved in the church. She participates in the teen program, which is seen as very positive for her. This group provides socialization with other teens and offers group discussions on relationships, school, family, etc. In addition, this group does a great deal of volunteer work in the community (soup kitchens, helping at shelters, etc).

The team indicated that the youth has learned many independent living skills including: housekeeping, cooking, laundry, navigating public transportation, etc. The aunt is slowly working on budgeting and employment skills with the youth. Regarding employment, the aunt is waiting for the youth to graduate. The out-of-state child welfare agency has an "independent living program" that seems similar to CFSA's Center for Keys for Life program. The out-of-state social worker has encouraged the youth to participate in this service, but most of the classes are on Saturday, which is her Sabbath. No team members felt that the independent living

program was essential for this youth, but they think it could enhance her skills if she had the opportunity to attend. Team members do not feel that some of these less-developed independent living skills are being ignored; at this point in time and due to the type of placement, the team believes that the focus youth is learning the necessary skills at an appropriate rate.

The youth is due for her yearly physical this summer. She is considered healthy. Earlier this year, the youth had a dental examination which showed the need two cavities to be filled and for one root canal. The cavities have been addressed, and one step of the root canal has been completed. The aunt indicated it has been difficult getting a follow-up dental appointment but would continue to work with the dentist. The youth reported that she was not in any pain related to her damaged tooth.

### **Parent/Caregiver Status**

The birth mother reportedly resides approximately one hour from the focus youth. She visits the youth's home about once per month. The aunt pointed out that the mother's contact with the youth is supervised by the aunt or the grandmother due to a past history of "drama" stemming from the mother allowing the girls to "do as they pleased." The visits are described as short and not very substantial. The aunt expressed some frustration and anger with the children's mother. She commented that the mother "oohs and ahs" over the girls for a few minutes and then spends the rest of the time with the grandmother. The youth expressed that she feels that her mother pays more attention to her older sisters and "only acknowledges me if the others aren't around." She further stated, "I usually feel bad when she's here."

The youth resides with her maternal aunt, who is the primary caregiver. The maternal grandmother is also in the home and provides some care and guidance. The aunt provides for all the youth's physical, mental, and emotional needs. The family takes time to participate in activities together such as going to the beach, Disney Land, shopping, and church. The aunt is very involved with the youth's education. She ensures the youth does her school work each day and accompanies her to her weekly school meetings where the assigned independent study teacher reviews her work. She provides her with a great deal of supervision in the home and the community, and while the youth commented that she would like a little more freedom (such as being able to talk on the telephone and spend more time out with her friends), she recognizes that her aunt is trying to do the best for her. The aunt is described by others and herself as a strict parent and does not apologize for it. She stated, "I keep a close reign on the girls." She said her job was to teach the girls to live in the "real world" and to be able to provide for themselves.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

There are several strengths in this case. The current social worker, who has been assigned to this case since February 2008, has attempted to become the leader and coordinator of this case. The out-of-state social worker complimented this social worker by stating that communication (or her attempts at communication) and information-sharing has dramatically improved since her being assigned to the case. She further stated that this social worker "seems like she's on top of things for the family and tries to coordinate solutions from D.C." She talks with the aunt and the GAL.

Team members had a good assessment/big picture view of this youth, caregiver, and the birth mother. They were able to list many of the youth's strengths, how she was doing in the home, and overall how she does with school activities. All parties seem to have an accurate assessment of the aunt and how she runs her home and provides for the youth. They see that the mother has some contact with the youth and her family, yet acknowledge that this seems the best that the mother is able to do or wants to do. At one time, the mother was investigated by the out-of-state agency to see if she would be able to reunify with her daughters. The mother continued to report that she was just not able to provide full care for them, yet was able to visit and assist the grandmother with some duties once in a while.

Court was rated positively by those interviewed. Team members felt that the court respected each person for their role in the case and gave each party ample time to express their opinions in court. Parties felt that the judge really cared about the youth and their sisters. The court reports contained the appropriate level of information and were submitted in a timely manner. The team felt issues were usually addressed, or at least people were made aware of issues, prior to court. There were usually no outstanding court orders in this case; however, the most recent order for the D.C. child welfare agency to address the issue of paying for the child's dental bills is actively being addressed.

In terms of safe case closure, while the youth will not achieve permanency from the child welfare system as she will have spent her entire life in foster care, she has had incredible stability with her grandmother and aunt. The team knows her goal is APPLA. She lives in a home that will continue until she is twenty-one and probably beyond. She is learning independent living skills at an appropriate pace.

### **What's Not Working Now and Why**

The major theme seen in this case is the private agency's lack of understanding of their role in this case where the youth is placed in another jurisdiction. This lack of clear understanding has negatively impacted some areas of this case. The private agency will need to identify ways to regain control as the lead agency responsible for this youth.

While the current social worker is really attempting to become the leader of this case, the level of team formation and functioning needs to be improved. Both child welfare systems expressed concerns with a less-than-impressive response to each other. The time difference of three hours impacts communication, but alternative ways of communicating have not been explored, such as emails and letters. The D.C. agency indicated that the out-of-state agency has not provided written quarterly reports or other documentation relating to the youth and her care. The last written report from the other state in the case record is from 2006. There are no current medical, dental, or educational documents in the file either. The local agency does not need to do the day-to-day case work but should put her emphasis on holding the other state accountable for what they are supposed to do. The local agency expressed that they felt at a loss for how to get information from the out-of-state agency and felt somewhat powerless.

Engagement of the family is a challenge. The focus youth is 18 years old and does not have a voice in her case. The D.C. team members have not engaged the focus youth on the telephone in a very long time. Professionals talk with the aunt about how the youth is doing and what her

needs are but do not talk directly with her. The focus youth is a young adult, who is very articulate about her life and her desires. By not engaging the youth, professionals never get her perspective, nor do they verify information provided about her health, safety, and well-being, provided by the aunt and the out-of-state social worker.

In addition to not engaging the youth, no social work professionals in either state have engaged the birth mother. People stated that they did not have contact information for her, yet no one has asked the family to provide an updated address or phone number in order to reach out to her. The focus youth is an older teen and sees her mother on her own, so there appears to be a lack of understanding around the need to engage the birth mother, whose parental rights have not been terminated.

In addition, no one has searched for the birth father in years. After he consented to the initial adoption in 2001, he has not been involved in this case. As the youth was never adopted, the father's parental rights are still intact. The court has allowed the father's attorney to not come to court any longer (this was several years ago), even though he is still the attorney of record for any mailing notices. No one has asked the youth or her aunt about her father or her paternal family members.

The lack of ongoing communication and information-sharing between the child welfare agencies and engagement of the youth negatively impacts teaming and case planning. Most of the right people are available, and while they are not working against each other, they are not working together unless there is a problem. It is then that team members come together quickly and actions are taken to solve the problem. There is not proactive work being done to maintain the case. Instead, the local social worker has to clean up issues that could have been avoided. For example, in the other state, child welfare cases and the child's medical insurance are closed at age eighteen. D.C. youth are eligible to remain in care and receive medical insurance until they are 21 years old. The youth and her 19-year old sister went to a dental appointment, and their insurance had been terminated. The aunt paid the dental bill for the girls, which was over \$2,000, in order to ensure they received appropriate dental care. Both sets of social workers were notified and have spent several months going back and forth to solve the dental bill issue. The D.C. social worker has to assist the aunt and dentist in appealing the Medicaid decision to not reimburse the funds. The positive news is that the D.C. private agency has agreed to reimburse the aunt if the appeal is denied. In addition, the youth's Medicaid has been reinstated and will be valid until she is 21.

Without substantial communication, written documentation, and engagement of the youth there cannot be effective case planning. The youth's opinion, desires, and thoughts about her future should be obtained in order to develop a comprehensive course of action.

### **Stability of Findings/Six-Month Prognosis**

Based on the youth's placement stability with family members and her overall positive youth status this case will continue status quo.

## **Next Steps**

1. Social worker will implement monthly telephone contact with the focus youth in order to give her a voice in the case from her own perspective. If any concerns are expressed by the youth, the social worker will share them with the out-of-state social worker and develop a plan to address the issue if necessary.
2. Social worker will attempt to contact the birth mother on a quarterly basis by sending her a letter requesting contact.
3. The social worker will confirm the mother's most recent address with the youth's aunt. Social worker will submit a Diligent Search referral for the birth father and will proceed accordingly if he is located.
4. Social worker will continue to attempt to engage the out-of-state social worker. She will utilize email and letters for further documentation of her efforts to engage the social worker.
5. The private agency will utilize the CFSA ICPC Office in order to enforce the out-of-state child welfare agency's obligation to provide information to the District of Columbia.
6. The social worker will attempt to have the youth and aunt participate via phone in the next court hearing.

## **60-Day Follow Up:**

1. The social worker reports she has implemented monthly phone contact with the aunt, focus youth and her sister. Most often the social worker talks to the aunt because the girls are either at school or at work. In addition, due to the time difference it is difficult to touch base with the girls due to their busy schedule. The girls are usually out of the house by 7am and don't return home until 8pm Pacific Standard Time. This social worker is attempting to contact the youth and her sister on the weekends when their school and work schedule is not as hectic.
2. The social worker reportedly has attempted to confirm the mother's recent address. The aunt states she does not know the mother's recent address because she has limited contact with her; however, she is attempting to gain the information next time she speaks to the mother. Once the address is confirmed, letters will be sent to the mother requesting contact.  
It should be noted that the QSR Reviewers provided the previous worker and supervisor with the address for the mother that was found on the court order and confirmed through a whitepages.com search. The QSR letter that was sent to the mother has not been returned for any reason.
3. A diligent search referral has not been made as of yet; however, the social worker will attempt to gain information from the youth's file about her father. With that information a diligent search request will be filed.
4. The social worker is currently still trying to engage the out-of-state social worker. The out-of-state social worker had contact with this worker and the program supervisor stressing the importance of her communication with the DC agency. The out-of-state social worker did provide an updated quarterly report for the girls. In addition, this case is being transferred to another division in the California Child Protection Agency.
5. The social worker is unaware if the CFSA ICPC Office has been contacted to enforce the out-of-state child welfare agency's contact with the private agency. Currently, the out-of-state social worker is in contact with this agency, however previously the contact was

inconsistent. This social worker will contact the ICPC office to help assist with maintaining consistent contact and updates from California.

6. The aunt participated in the last court hearing via telephone. The court hearing went well, and the aunt gave a lot of information about the focus youth and her sister. The judge was pleased to hear from the aunt.

## Quality Service Review Case Summary

### Case # 40

**Review Dates:** May 14-15, 2008

**Placement:** Foster home

**Persons Interviewed (6):** private agency social worker, AAG, GAL, birth mother, foster mother, and day care teacher. The child was briefly seen but not interviewed.

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is a three-and-a-half-year-old African-American female, who resides in a foster home. According to the record, the child has four older sisters, who reportedly reside with their individual fathers, other family members, or on their own. The birth mother has weekly, unsupervised visitation with the child. The child's birth father is known to the social worker. The most recent court order indicates the father has to drug test at least one time in order to have visitation with the focus child. The child's paternal grandmother is allowed to have unsupervised visitation with the child at her own request.

The birth mother has a history of involvement with the child welfare system. The focus child first became known to the attention of the Child and Family Services Agency (CFSA) in birth mother three and a half years ago, when a local hospital reported that the birth mother had tested positive for illegal substances upon the birth of the focus child. This case was closed three months later. Two months after the first case closed, there were allegations against the mother of substance abuse, lack of supervision, and educational neglect on behalf of the focus child and her 12-year-old sister. During this investigation, another report was made, alleging that the children had been left home alone. The police department responded and found the children unsupervised. They were immediately removed by the police. The focus child was placed at an infant and maternity home and the 12-year-old was released to the care of her father. The initial permanency goal was reunification with the mother. After 15 months, the goal changed to adoption. A TPR was filed at that time, and a pre-trial TPR hearing was held five months later, but the TPR was never completed. After almost two years, the permanency goal was changed back to reunification with the mother.

Case management for the focus child is provided by a local private foster care agency. The child does not receive any specialized services.

#### Child's Current Status

The focus child is described as being intelligent, beautiful, social, active, and charming. Team members also indicated that the youth "likes to be the boss" and can talk back to adults sometimes. She attends a full-time daycare program where she is reportedly doing very well academically. In fact, she is seen as above average in terms of learning for three- and four-year-old children. She knows her colors, her alphabet, and the sounds for most of the letters. In addition, she is learning Spanish at school and has excelled in learning this language. Behaviorally, the school reported that the child does well overall but can have days when she is

verbally argumentative with teachers, does not listen, and needs to be placed in time-out. It was also reported that within one week of the review, the child had hit another child at daycare. The teachers reported that she does not have behaviors that are abnormal for a three-year-old child.

Upon entering the child welfare system, the child was placed at an infant and maternity home for approximately two weeks. From there she was placed in her current foster care placement. There were no safety concerns expressed by any of the team members related to her foster care placement or her daycare placement. While the foster mother had many positive things to say about the child, she did express a concern that the child has random “rages” when she becomes upset with something. For example, because she had been put in time-out at school the foster mother decided the family would not go out to eat at a favorite restaurant. The child became very angry and threw her things around her bedroom, stomped her feet, yelled, etc. The foster mother reported that this is sporadic behavior and that the child is able to calm herself down. She has not identified a significant trigger for this type of exaggerated anger response.

The permanency plan for the focus child is for her to be reunited with her birth mother, hopefully within the next two months. The child currently has weekly, unsupervised visits with her mother. The court order allows for unsupervised overnight visitation when the mother's living arrangement changes and allows for the children to spend the night.

The focus child had her annual physical evaluation two months before the review and was found to be healthy. She has a history of asthma and is prescribed Albuterol. The foster mother reported that they have not had to use the Albuterol in approximately one year. The child received a dental examination seven or eight months prior to the review and did not have any dental concerns. Both the social worker and the foster mother have already discussed that the child needs her semi-annual dental appointment and the social worker is attempting to schedule one.

### **Parent Status**

The birth mother has been working hard to regain custody of the focus child. At the time of this review, she had reportedly been sober for approximately 15 months. According to the birth mother she has a life threatening illness for which she receives treatment and has been diagnosed with Bi-polar Disorder for which she takes several medications. She graduated from a substance abuse treatment program a month before the review and is currently awaiting housing where she will be able to have her daughter reside with her. According to the team, the mother will probably enter a transitional housing program a month after the review. The mother is currently employed, but the transitional housing program indicated that if she wanted to enter the program she had to quit her job because she was working at nights and weekends. This work schedule would not be conducive to raising her daughter.

The mother was very thankful that she was given another opportunity to reunify with the focus child. She has been consistent with weekly visitation with her daughter. She feels that visits go well and she loves being with her daughter. She smiled and opened her body language when she talked about the little girl and was quick to express several of the child's strengths. The social worker indicated that the birth mother has struggled with interacting with her daughter during visits sitting that she spends most of the visit talking on her cell phone even when asked to turn off the phone during visits. She has not been seen playing with the child during the visit but will talk with her about school and how she is doing.

The mother participates in all court hearings and has increased her communication with the social worker, although she is considered to be hard to talk to, verbally aggressive at times, and manipulative. She is also seen as doing the minimum of what is asked by the social worker, such as listing her medications and signing release forms for her mental health and medical providers. While the social worker has identified these challenges in the mother, she is able to express that the mother has come a long way towards reunifying with her child and that she has completed the major requirements such as drug treatment, drug testing, employment, and visitation.

### **Caregiver Status**

The foster mother is a single woman who is employed as a teacher. Within ten days of this review, a two-month old infant was placed in the home. While she works full-time, she has the flexibility to take time off when needed. Almost all team members feel that the foster mother is an excellent caregiver. The birth mother expressed a concern that her daughter's clothing is not clean enough. No other team member expressed any concerns with the child's clothing or hygiene. The foster mother provides for all the child's physical, mental, educational, and emotional needs. She provides proper supervision at home and in the community. She has continuously enrolled the child in various extra-curricular activities, such as swimming and gymnastics. She has allowed the birth mother to call the home to talk with the child and updates her on how the child is doing. She is aware of the child's permanency goal of reunification with her mother and supports that decision as long as the agency feels that the child will be safe and well cared for.

## **SYSTEM PERFORMANCE APPRAISAL SYMMARY**

### **What's Working Now**

There are several strengths in this case. Engagement of the child is age-appropriate. The social worker visits the child and spends time talking and playing with her. She ensures that the child comes to the agency for visits with her mother, and there appears to be a positive bond between them, as observed after a visit with her mother at the agency during the review.

Other strengths in this case are coordination and leadership, case planning, and implementation. The social worker appears to be the overall leader in this case and has illustrated the ability to coordinate services and referrals. She has been able to take the mother's lead in what services she wants and attempts to complete referrals for services. For example, the mother's need for a housing program where she can reside with the focus child. The social worker completed multiple referrals to various programs and identified the most appropriate. She has developed a working relationship with the director of that program and is actively working with the mother to ensure her entry into the program. Most team members are aware of the case goal and the overall steps that have to occur in order for the child to be reunified with her mother.

Pathway to safe case closure is also a strength as the mother has regained the opportunity to reunify with her daughter and it is expected to occur within the next two months. Entering the transitional housing program is key to the timeframe for reunification. The team indicated that if the mother did not enter a structured, supervised housing program the child would not be returning to her care at this time. The closer reunification comes, the more the mother complies with requirements. For example, the social worker has been asking her to complete a release of

information for her mental health and medical providers for several months. Even though it took several weeks for her to do, she finally signed the form.

Maintaining family connections with the mother is a strength, as visitation has been changed from supervised to unsupervised day visits. The mother is allowed to call the child at the foster home. The paternal grandmother also has unsupervised visitation with the youth when she schedules it with the foster mother. The father has to drug test one time at court in order to have visitation, but he became very angry with this order and has not completed the testing.

Family court was rated relatively high by all team members. The birth mother commented that she really liked her judge because she had been "on my side since the beginning." She said that even when the judge told her she could not stop the adoption goal after her last relapse, she felt that the judge was being honest with her. While the mother felt that her attorney did not always call her back or keep in touch, she felt that things were going well in court. All parties felt that the judge respected them and their role in the case. There were no problems with completing court orders in a timely manner and the court reports were considered to have extensive content regarding the child and the case.

### **What's Not Working Now and Why**

Engagement of the birth father is a challenge, as the only time people appear to attempt to speak with him is when he comes to court. According to team members, the father has consistently had an angry reaction to questioning and court orders. It seems as though the system reached out to the father much more in the beginning of the case, but due to his anger has let him drift in and out of the case as he chooses. At the most recent court hearing, he became angry and abruptly left the court after the judge ordered him to drug test. The team has not made consistent efforts to build rapport with a difficult-to-reach father, problem solve with him, involve him in planning for his child, or update him on how his child is doing. Without continued engagement, the system is not able to create a comprehensive assessment of the father and his needs.

While the mother is actively working towards reunification, there is not a comprehensive assessment of her mental or physical health, which is essential for safe reunification and case closure. The mother has admitted to having a Bi-polar diagnosis for which she takes several psychotropic medications, yet the agency does not have a recent assessment from her treating psychiatrist, nor do they have an official list of her medications and confirmation that she is compliant with medication management. She has reportedly received therapy, yet the only documentation that has been provided to the agency is a one-page, vague document from her substance abuse treatment program. No one has asked her treating therapist or psychiatrist if the mother is ready to fully parent her child or the best way to transition the child back into the mother's care so that her mental health can be maintained. While teaming with other team members is relatively strong, in order to have a powerful and comprehensive team the mental health professionals need to be engaged as team members. This connection will be essential to monitoring and assessing how successful reunification is in order to safely close the case.

While overall case planning is satisfactory, team members reported trouble getting the mother to comply with requests. It appears as though the mother responds better to written directives that are broken down simply. For example, court orders are written tasks that she has to complete,

and the social worker has had more success with compliance by sitting down and showing her the tasks in writing. The agency may have more success if goals and objectives are reviewed with the mother in writing. As the social worker and the mother do not have the most positive relationship, this may decrease the amount of time spent going back and forth with the mother regarding things she has to complete.

Throughout this entire case there had not been a concurrent plan. During the two years the permanency goal was adoption, the paternal grandmother was the only option considered, even when she was not actively pursuing permanency. An adoption recruitment package was never submitted. While the goal had been reverted to reunification with the birth mother, she has had a shaky history. Even now there is no unified contingency plan should reunification not be successful. Some team members said the goal should be adoption again. One team member said that the grandmother "would probably be given another chance."

### **Stability of Findings/Six-Month Prognosis**

Based on the child's current level of positive child status and the work being done to accomplish reunification, this case may remain status quo. If reunification actually occurs, it is predicted that there will be a honeymoon period. From there the case could go either way.

### **Next Steps**

1. Social worker will obtain information from the birth mother's treating psychiatrist and therapist regarding the following:
  - a. Most recent mental health diagnosis
  - b. List of prescribed medications and confirmation of the mother's compliance with medication management appointments
  - c. Copies of any psychiatric or psychological testing within the last two years
  - d. Professional opinion on the best way to transition the child back into the mother's care so that the mother's mental health is maintained
  - e. Information as to who and how to contact should there be mental health concerns when the child is reunified
  - f. Establish a relationship with the psychiatrist and request that he/she contact the social worker should they have any concerns related to the mother's mental health while reunifying with the child (until case closure)
  - g. Any insights into how to work with the birth mother in terms of understanding her mental health diagnosis and how it can impact parenting
2. Social worker will obtain information from the mother's primary medical provider regarding her physical health and how it could impact her ability to care for her child.
3. Provide the mother and other team members with written tasks and/or changes in behavior that must occur prior to the child being fully reunited with her mother. This should include timeframes and consequences for non-completion.
4. The social worker will engage the father through a letter requesting that he contact her to discuss visitation and future plans for his daughter.
5. Should the permanency goal be changed from reunification for whatever reason, the social worker will submit an adoption recruitment application within two weeks.

## Quality Services Review Case Summary

### Case # 41

**Review Dates:** May 13-14, 2008

**Placement:** Foster home

**Persons Interviewed (8):** birth mother, foster mother, social worker, supervisor, GAL, community support worker, AAG, daycare teacher.

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is an 11-month-old female, the second child in a family of two children. She has a 14-year old sister who resides with her maternal grandmother. Upon the request of the mother, the child was brought into CFSA care four months before the review as a result of the mother experiencing symptoms of a mental illness that included hallucinations. After placement, the mother was admitted to a psychiatric hospital on a voluntary basis.

#### Child's Current Status

The child currently resides with a foster mother in Maryland and participates in a daycare program. The child has socialized well within the foster home and in the daycare setting. The child lives and attends daycare in extremely safe environments.

The child's permanency prospects are good as long as the mother continues to make strides toward stabilization and improvement. The permanency goal of reunification appears to be realistic.

The child's health and physical well-being is optimally addressed. The child has had all of her physical exams and her foster parent has a developmental evaluation scheduled. Although the birth mother has a terminal illness, the child has not tested positive for it. The child has reached the appropriate developmental milestones for her age.

#### Parent Status

The mother has been compliant with keeping her mental health appointments. She attends group twice weekly and one-on-one therapy once weekly through the DC Department of Mental Health. The mother is compliant to her psychotropic medications. She has considerable insight into her mental illness with regard to her level of tolerance to stress. Also, she is realistic concerning the rate and intensity of work at which she can maintain employment in providing for the material needs of the household with the inclusion of child. The mother has conscientiously weighed financial requirements to adequately provide for the household without factoring child support that either has not been administratively pursued or determined to have not been a supplemental income option for the household.

The mother is cognizant of the necessary steps to regain custody of her daughter. She is aware of the content and expectations set forth in the case plan, service agreement, and the court

permanency order. In conjunction with compliance with case plan, service agreement, and court permanency order, mother has expressed concern regarding post-reunification systemic supports, including childcare in order to work hours required to meet parental obligations to satisfy the material needs of the household and her child.

The mother is adhering to her case plan and service agreement. She has moved into a new apartment with a manageable rent payment. The mother is aware of the ability to cope with stress. She alludes to the fact that her child would currently require more attention and assistance than perhaps she can currently provide. She believes that she can better cope with her daughter when she can dress and feed herself and when she can take some responsibility for cleaning-up after herself. The age at which she states that her daughter can achieve these tasks is three or four years old.

### **Caregiver Status**

The caregiver is a caring and well-trained foster parent. The household consists of the child, the foster mother, her daughter, and husband. The foster mother provides the target child with transportation to and from the day care facility. The foster care mother has demonstrated ability to provide for the specific needs of infant with a view to the optimal emotional and physical well-being of the child, including immediate cancellation of childcare services in environment in which infant was not comfortably transitioning and securing alternative highly rated facility that has been conducive to the thriving development of the child. Foster mother has reported that infant acclimation to the foster care setting has been seamless and daughter enjoys having the child in the household. A standard developmental screening for child has been scheduled for the month after the review.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The birth mother stated that the most significant individuals in her case were her social worker and her mental health case manager. These entities work together to assure continuity of care for the mother and her child, and the mother has a noticeable level of trust for both workers. The relationship between these two primary team members and those involved with court proceeding seems admirable. Both the GAL and the AAG seemed to be aware of the specifics of the case and agree with the permanency goal of reunification. The mental health case manager is working with the mother to assist her in re-applying for (SSDI) Social Security Disability.

The social worker has a specific plan to slowly integrate the target child back into the mother's life. The mother currently has weekly supervised visits with the child. The plan is to slowly integrate unsupervised visits, short home visits, and then weekend visits into the planned visitation schedule. This process will allow the worker and mother to determine whether the mother is ready to take additional responsibility for the child.

### **What's Not Working Now and Why**

One problem is the lack of involvement of the target child's father in the case planning process. There is rumor of the father's possible use of illegal substances, over-consumption of alcohol, mental illness, and criminal behavior. However, there is not any documentation that

substantiates this information. There was a brief time in the target child's history when the father took custody of the child while the mother was hospitalized. The child remained safe during the time. Even though the mother does not wish to have a romantic relationship with the father, she states that she is civil with him when she sees him. The father has not appeared in court proceedings thus far. Therefore, his attorney has not spoken for the father during these proceedings.

The reason that this disconnect exists is that the mother does not wish to have the father in her life and the workers involved in the case do not have any investment in having him involved. Perhaps most importantly, he has not chosen to be involved since he had brief custody of the target child.

### **Stability of Findings/Six Month Prognosis**

The six-month forecast for this case is that it will continue status quo. The mother is adhering to her case plan and service agreement.

### **Next Steps**

1. Invite the father to participate in the next case planning meeting and document whether or not he responds. Also, invite him to the next court hearing. If he attends either venue, ask if he would be willing to sign a release of information to obtain medical, mental health, and any other records that would clarify his status as a contributing parent to the child's well-being.
2. Invite the mother's mother to participate in the case planning process. Although the mother states that her mother is not willing to care for the target child, the team has not heard how she is willing to assist her daughter in the reunification efforts.

## Quality Services Review Case Summary

### Case # 42

**Review Dates:** May 14-15, 2008

**Placement:** Specialized foster care

**Persons Interviewed (11):** Supervisor, mother's attorney, youth advisor at therapeutic after-school program, program coordinator of after-school program, school-based psychotherapist, school-based psychiatrist, AAG, family social worker, foster mother, child, teacher

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is an eight-year-old African-American male. He currently resides in a therapeutic foster home. He has six siblings, five of whom are placed in separate foster homes: an older brother in one and three younger sisters and a brother in another. He also has a newborn sister who resided with the children's mother.

The child and his family became known to the Child and Family Services Agency (CFSA) in 2005 when the school reported that he and his sibling were coming to school dirty. The agency worked with the family for two years, providing services to the family while the children remained at home. Nine months prior to the review, the oldest six children were placed in foster care after a report of neglect – inadequate physical care, shelter, medical and educational – the month before. At that time, the child was placed in a foster home with two of his siblings, and the other three siblings were placed in a separate foster home.

After a month in foster care, the child and his older sibling were replaced into specialized foster homes. The replacement occurred because the foster father in the original home walked in on the focus child giving oral sex to his brother. The focus child and his older sibling were placed in separate homes in which they are the only children residing. The other four siblings remain in traditional placements – his sisters in one home and his younger brother in a separate home.

The children in care see each other on weekly basis at the CFSA building. Their mother and the father of some of the children reportedly participate in visits about twice a month.

#### Child's Current Status

The focus child has changed both home and school settings within the past two years and is living on a temporary basis with a substitute caregiver. The likelihood of reunification or of adoption by his current foster mother remains uncertain. There are no current safety concerns for the child in his foster home. All interviewees reported he is stable in his current environment.

He is physically healthy with routine and specialized health care provided as needed. A few months after placement with his current foster mom, the child had surgery to remove an extra digit from each hand. He has recovered from the surgery and as a result, the foster mother and his teachers have seen a boost in his self-confidence.

The focus child is in 1<sup>st</sup> grade. He has a current IEP which recommends 85% of his time be in a special education classroom due to the impact of his ADHD and ODD symptoms on his learning. His teacher reports that since he began at his current school, his behavior has improved and he is making progress educationally. She cited his strengths as his ability to get along with his classmates, his good sportsmanship and his willingness to help his classmates.

The child receives mental health services; therapy occurs during the school day, one time per week for one hour. His therapist reports that at first he was resistant to talk therapy, but now they are working on his adjustment to living in a structured environment in foster care and being away from his mother and siblings, controlling his behavior, and owning up to his actions. He sees a psychiatrist for medication management and all members of his team who know he is on medication report that it is helping and seems to be the correct dosage to meet his needs.

After school the child is transported to a therapeutic afterschool program. The program coordinator reports having been involved in the construction of the child's IEP and the plan for his move to his new school placement. They report that he makes friends but has loner tendencies and mimics peer behavior. On most days, the child is engaged in the program, but sometimes he needs to be motivated, and he has a tendency to wander off and hide under tables.

A number of members of the child's team appear to be concerned about an incident that occurred the month before the review at the afterschool program, but there is some confusion as to what actually occurred. According to the afterschool program staff, the child got on top of an older, bigger girl while in the van. The staff believe the child was peer-pressured into doing this and did not understand what he was doing.

### **Parent Status**

The schedulers and reviewers were unable to contact the mother. All information about her comes from interviews with others. As a former CFSA ward, the focus child's mother aged out of care with at least two children and has struggled ever since. She has recently given birth to her 7<sup>th</sup> child, a daughter who remains in her custody. None of the child's team members have a working relationship with his mother, and no one has seen her situation or the focus child's in context of their extensive history of involvement with DC public agencies. The mother has not been involved in any of the planning with regard to the services the child receives through his school, afterschool program, the Department of Mental Health, or with his foster mother.

While it is generally agreed that the mother has a good relationship with her children, there has been little-to-no forward movement towards reunification.

### **Caregiver Status**

All members of the child's team reported and it was observed that the current foster mother is very invested in his well-being. She has provided him with a safe home and the discipline and structure to help stabilize his behavior. She is in constant communication with all of the team members providing services for him and advocates to get his and her own needs met. However, her expectations of both the child and his mother may be unreasonable at this time, given their past and current circumstances.

### **Factors Contributing to Favorable Status**

The stability of the child's home and school placements and his academic progress contribute to his favorable status. His self-esteem and behavior have improved. He has maintained a good relationship with his siblings, likes school, and aspires to be a math teacher. Additionally, his foster mother seems to genuinely care for him and has folded him into her life and family. She plans to take the child to her family's home in the Caribbean this summer for three weeks. All necessary parties have agreed to the trip, and both the child and his foster mother appear to be excited about the adventure and the new experiences which will come with it.

### **Factors Contributing to Unfavorable Status**

While the child's behaviors have seemed to stabilize, his foster mother continues to report what she perceives as backsliding. She has requested in-home interventions to help with her relationship with the child and his behavior in her home. Additionally, the lack of clarity surrounding the permanency plan for the child and his siblings contributes to unfavorable status and progress.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The therapeutic agency has put into place a full menu of services for the child. Each of the services seems to be working independently to keep him safe and stable and to help him bond with his foster mother. A communication loop of some sort exists so that most team members are informed of status changes. Agency staff, with the help of the foster mother and the staff at the afterschool program, worked to get the child into an appropriate school placement where he is succeeding in the classroom. Team members have an adequate assessment and understanding of many of the issues affecting the child and have worked diligently to implement services for him.

### **What's Not Working Now and Why**

The team has many of the correct members, but those individual members are not functioning effectively as a team. Many of the team members have never spoken to each other and do not know about each other. For example, the child receives tutoring two nights per week in his foster home. His teacher does not know about the tutoring and has not met with the tutor in order for the tutor to know how to beneficially support and build upon the child's classroom learning during their time together. Another example is that the therapist and foster mother want to have the child evaluated regarding his sexual acting out with this brother. Reportedly, all of the child's siblings were evaluated at the Child Advocacy Center immediately following the incident. Therefore, a report which may assist with determining the appropriate next step with the child may already exist. At the time, the child refused to be interviewed, and there was no second attempt. The staff at the afterschool program do not seem to be aware of the sexualized incident involving the child and his brother which led to their removal from their first foster home. With as many members as are involved with the child, it is important that all team members be brought together to ensure that everyone is working towards the same ultimate goals and status for him.

No team member has an understanding of the problems preventing the mother from working towards reunification with her six children. She has an extensive history with CFSA and likely

with other public agencies in the District, yet no one has put this history into context to comprehend how it may have contributed to the family's current status.

Due to her diligence and investment, the foster mom seems to be the link to all of the team members. While this contributes to what's working with the child's case, it also may contribute to what is not working, as some of the understanding of the child and his family comes through his foster mother's somewhat biased lens. The child's mother and foster mother do not relate well with each other, and no third party has substantively attempted to improve their relationship or has seen the foster mother as a potential source of long-term support to both the child and his mother, regardless of the outcome of the child protection case. Earlier this year, following a disagreement between the mother and foster mother, the child was immediately removed from his foster home, spending a week in another home before returning to his current home. The afterschool program staff reported that his current foster mother continued to call them to check on his status, which deteriorated during the time he was away from her home. There has been no exploration of the impact all of this had on all parties.

### **Stability of Findings/Six-Month Prognosis**

The child's status is currently good and given his progress to date, is expected to remain about the same or get better.

### **Next Steps**

1. All members of the team should attempt to meet quarterly to ensure they are working towards the same goals.
2. A comprehensive psychosocial summary should be completed on the child to obtain a better understanding of his life prior to entering foster care. This evaluation should also look into the origins and extent of the sexual acting out and make recommendations as to how to address this behavior. This process should be informed by the interviews done by the CAC.
3. The family's team should engage the mother to understand her psychosocial history and how it impacts the current work with her.
4. Work must be done to improve the relationship between the mother and foster mother so that they can work together to recognize and meet the child's needs.

## Quality Services Review Case Summary

### Case # 43

**Review Dates:** May 12 - 13, 2008

**Placement:** Foster home

**Persons Interviewed (5):** Social worker, foster parent, father, mother's attorney, father's attorney

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is a 16-month-old African-American female who currently resides in a foster home where she has lived for four months.

This case became known to the Child and Family Services Agency (CFSA) seven months prior to the review, after receiving a telephone call from the hospital indicating the focus child was born premature at twenty nine (29) weeks; she weighed two pounds and tested positive for PCP and marijuana. The focus child was diagnosed with chronic lung failure, a life-threatening illness and gastrointestinal problems. Due to the focus child's multiple medical needs, she was transferred to another hospital for medical treatment. The focus child was extremely fragile, and reports indicate she could not be in an environment where people smoked because the mere smell of smoke could result in her death because her lungs were compromised.

The assigned social worker made numerous efforts to locate the birth mother but was unsuccessful for two months. Five months before the review, contact was made between the social worker and birth mother. A meeting was held at the hospital and, according to reports, the mother expressed remorse for her actions and denied using any drugs while pregnant except marijuana and beer. The birth mother was informed of the focus child's medical condition and was encouraged to visit with her child. The birth mother was informed that she would have to stop smoking before visiting daughter because the focus child could have lung failure from the smell of smoke. The birth mother visited with her infant child once the month she was contacted; although visitation was scheduled she would not show for visits. The next month, the birth mother and birth father attempted to visit their daughter and begin CPR classes; however, they were denied visitation because they smelled of smoke. Throughout the focus child's stay in the hospital the parents' visits were sporadic, and when they did visit reports indicate they only stayed for five minutes. Another report indicated the mother came to visit her daughter and smelled of alcohol. The focus child was discharged from the hospital four months before the review and placed in a foster home.

#### Child's Current Status

The focus child is doing well. She has resided in her current placement since being discharged from the hospital. The focus child is thriving, although she receives oxygen daily and is also connected to a sleep apnea monitor daily. The focus child's sleeping pattern is consistent – she is able to sleep for at least three-hour intervals. She was hospitalized for two days the month

prior to the review due to vomiting. She is fed a special formula to accommodate her gastrointestinal needs. According to the foster parent and social worker, the focus child's heart has gotten stronger, and fortunately she has been cleared from cardiology. The focus child continues to maintain appointments with the pulmonary doctor on a quarterly basis. The foster mother indicated the focus child was born with a life threatening illness but at this time is doing well. The focus child receives nursing services seven days a week for eight hours a day.

### **Parent Status**

The biological mother is making efforts to improve her status. Attempts were made to talk with her for the review. She indicated only having a prepaid cell phone and did not have enough minutes to talk but said she would return the reviewers' call. After leaving messages and also speaking with the mother, she indicated she was on in route to a friend's house and would call from there. She never returned the phone calls. Therefore, information obtained regarding the mother is from other sources.

The mother began attending a substance abuse program in the past month through APRA on an outpatient basis. In addition, this program provides parenting classes three times per week. All parties have indicated a significant change in the mother's behavior and her level of motivation. The mother visits weekly with the focus child these visits are supervised. The mother resides in an apartment and according to the social worker she receives financial assistance to pay rent from her sister.

The identified biological father is involved in this case. He visits with the focus child weekly along with the mother. The father assists the mother with transportation and supportive services. He reports his relationship with the biological mother is good when "she is not drunk" but with that said he feels she is learning a lot from the drug treatment program because she shares what she has learned with him daily. The father has a disability and reports he can't provide care for the focus child; however, he will play a vital role in her life and continue to support the mother although he is not 100% sure he is the biological father of the focus child. A paternity test was conducted two months before the review, but he has not yet received the results because the foster parent has not taken focus child for testing.

### **Caregiver Status**

The focus child resides in a stable placement. The foster mother is committed to nurturing and providing care for this child. In addition, the foster mother has a good relationship with the parents and encourages their involvement and participation. The foster mother invites them to her home to visit with their daughter and keeps them abreast of the focus child's status.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The mother reportedly is attending a program through APRA to address her substance abuse and parenting skills. The father is involved and, although he is unsure at this time if he is indeed the biological father he is supportive to the mother and continues to visit with his daughter. In addition, the father asked for help to stop smoking because he recognizes this habit can affect the

focus child's health. Subsequently, he reports using a Nicorette patch and receives telephone counseling from the National Cancer Association Smoking Cessation Program.

The focus child is receiving the necessary services to address her medical status. All stakeholders interviewed are aware of the fragile needs of the focus child and realize what steps are necessary to achieve the goal of reunification. The social worker is maintaining contact with parties involved in the case and ensuring the family receives services to improve current barriers towards the goal of reunification.

### **What's Not Working Now and Why**

Although the social worker is actively involved in the planning and coordination of this case, he is unaware of a significant medical condition that the focus child was diagnosed with at birth. This information was obtained through the foster parent, and when it was discussed with the social worker he indicated not being aware of this life threatening diagnosis. The team is evident in this case; however, everyone is working independently. There have not been team meetings in this case and seemingly all parties are receiving information via telephone or during a visit with the focus child. As a result, no concurrent planning has been discussed amongst stakeholders. However, the foster mother indicated she informed the biological parents that she would be willing to adopt in the future if it appears the goal of reunification is not going to occur.

Also, there is not evidence of outreach to family members to determine their availability and level of support for the parents and focus child. There was mention of a sister who assists the mother; however, she has not been invited as a team member. In addition, the father talked about his parents who support him when needed. Also, the record reflects that the focus child has a sibling, but the social worker is unaware of the child's location (record indicates sibling lives with his biological father) and further stated visitation really would not occur at this time because they both are so young – one year old.

### **Stability of Findings/ Six-Month Prognosis**

This case has the potential to progress towards the goal of reunification if the mother remains consistent in her efforts to improve in the areas of substance abuse and parenting. The mother would need the support of others to successfully provide the appropriate level of care for the focus child and her medical needs. At this juncture, it is difficult to assess the mother's ability to remain committed to the identified goals that will guide her towards reunification with her daughter.

The lack of unified planning and the biological mother's commitment to complete identified services can result in this case remaining status quo.

### **Next Steps**

1. Further explore family connections with mother and father to support the family.
2. A team planning meeting should occur with all stakeholders.
3. Follow up with status of previous diagnosis of focus child.
4. Follow up with the foster mother to take focus child for paternity testing.
5. Obtain in writing progress of the mother's participation in substance abuse/parenting program.

## Quality Services Review Case Summary

### Case # 44

**Review Dates:** May 14-15, 2008

**Placement:** Pre-adoptive home

**Persons interviewed(7):** Pre-Adoptive mother and father, focus youth, social worker, play therapist, adoption social worker and AAG.

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus youth is a 14-year-old African-American male who is currently residing in a pre-adoptive home with his younger sister, age 10. The focus youth and his sister were removed from their home and placed in foster care in April, 2001 following substantiated allegations of neglect against their mother and his younger sister's father. Following their removal, allegations of sexual abuse of the focus youth and his sister were raised. The father of the focus youth's sister was identified as the alleged perpetrator. Reviewers found no evidence that these allegations were investigated.

The focus youth has been in his current placement for the past four years with his sister. Since 2002, the permanency goal for the focus youth and his sister has been adoption with the current foster parents. The focus youth has two adult siblings, an older sister and brother, who are believed to be residing with biological relatives. The focus youth last had contact with his older siblings over a year ago, after they were located with assistance from the pre-adoptive mother. However, their current whereabouts are unknown. The father of the focus youth is presumed deceased, and the current whereabouts of the mother are unknown. She contacted the focus youth about two years ago after a period of three years with no contact. The focus youth reportedly has no contact with any of his biological family members. The parents' consent to the pending adoption has been waived.

The focus youth currently has a sex abuse therapist whom he has been seeing once a week for the past nine months. He also has a play therapist who has been seeing him twice a week in the home for approximately two years. He is not on any prescribed medications and has no Axis 1 diagnosis or psychological evaluation on file.

#### Child's Current Status

There are no safety concerns in the home or at the youth's school. Interviewees did not express any major concerns regarding the youth's behavior at his placement or at school.

The focus youth has had two different school placements for the current school year due to the pre-adoptive parents purchasing a new home. He had been in his current school for only two months prior to the review. Those interviewed stated the focus youth has a history of being on the honor roll and maintaining above average grades. However, earlier in the school year, his grades began to decline. The pre-adoptive mother, who is a teacher by profession, stated she has

been paying close attention to his homework, tests and grades. She reported she has seen some improvement in the three weeks prior to the review.

In therapy, the focus youth has been working on issues of abandonment, self-esteem, early childhood sexual abuse, physical abuse and neglect. He was described as a parentified child who is eager to please those around him while having little sense of his own needs or wants. He has taken on the role of caregiver and protector of his younger sister and has served in this role from her birth. The focus youth was said to need further therapeutic services to address his past sexual abuse, current sexualized behavior (the focus youth recently created a high cable bill ordering pornographic movies), attitudes and views on women and gender issues in general, and to improve his peer relationships.

He appears to have a very stable relationship with his play therapist with whom he has been consistently meeting. Due to location and scheduling, he is not always able to make his weekly therapy appointment with his sex abuse therapist. While there was no psychological evaluation on file, one was completed a week prior to the review, and the social worker is expecting to receive a report shortly.

It is unclear at this time when the adoption of the focus youth and his sister will be finalized. The focus youth's sister has exhibited some highly sexualized behavior at home and at school. This has presented a delay in achieving the adoption goal with this family. Team members have expressed their desire to keep this sibling group together; therefore, the focus youth's permanency plan and progress are directly tied into his sister's. The focus youth has expressed his disappointment in not yet being adopted and had blamed his sister and himself for not taking better care of her.

The focus youth feels very connected to his pre-adoptive family and views them as his "real" parents. He has expressed that he feels that he has bonded and belongs to this family. He currently does not participate in any extracurricular activities, as his pre-adoptive mother stated he needs to focus on his schoolwork. There are plans to have him enrolled in a sports program this summer.

The focus youth is healthy, with no outstanding medical problems or concerns. The focus youth had a recent dental check-up and requires regular follow-up exams due to past gum disease.

### **Parent/Caregiver's Status**

The pre-adoptive parents have been caring for the focus youth and his sister for four years and have grown much attached to them. They have been able to provide a stable home that meets their needs. When she noticed the focus youth's grades slipping at school, the pre-adoptive mother began requesting daily progress reports from his teachers and monitored his school work more closely.

Those interviewed have stated that the pre-adoptive father does not take as much of an active role as the pre-adoptive mother in child-rearing. He is present as needed at planning meetings and court; however, he is not as verbal or as vocal as she is. Both pre-adoptive parents feel very connected to the focus youth and do plan to adopt him. It appears that there are some

communication issues between the pre-adoptive parents, mostly the pre-adoptive mother, and other team members. It appears that the pre-adoptive parents have a strained relationship with the therapeutic foster care agency. While they have been involved with the same foster care agency for few years, they have had several different social workers. However, the family reports that they are building a good relationship with the current social worker, who has been on the case for the past four months.

It appears that differences in opinion among team members regarding therapeutic services for the focus youth have contributed to the delay in finalizing the adoption. The pre-adoptive parents have expressed wanting to be sure that services are in place prior to finalization.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The social worker on the case appears to be building a good rapport and open relationship with the focus youth and the pre-adoptive parents. The social worker meets with the family on a weekly basis, giving her the opportunity to build a meaningful relationship with the pre-adoptive parents and the focus youth.

The play therapist has been a stable person in the focus youth's life and has been providing services on a consistent basis. She has been flexible and provides services in the home as well as at school. In addition, she has a family session monthly and has a very communicative relationship with the pre-adoptive parents.

The focus youth is placed with his sister in a family-like setting. He has experienced placement stability in this home. In addition, team members have expressed a commitment in trying to keep this sibling pair together.

### **What's Not Working Now and Why**

The focus youth has been receiving intensive therapeutic services with no current evaluations on file. He has no diagnosis or treatment plan for his sex abuse therapy or play therapy. There also has been no concrete assessment done on the level of progress being made in therapy to justify the intensity/frequency of therapeutic services. The focus youth is scheduled to meet with his sex abuse therapist at 10:00 a.m. on a weekday, which means he is missing school and the pre-adoptive mother or father is missing work weekly. The office is also over an hour away from the focus youth's home. The youth misses his science class each time he is absent for his therapy appointment, resulting in a decline in his grades in this subject area. As a result, he has missed several appointments, and the pre-adoptive parents are viewed as "non-compliant" when they are unable to travel to this appointment. It appears that the court and other team members are not viewing this situation from all perspectives in order to plan for the focus youth's services. Despite the caregivers' status as pre-adoptive parents, it appears they have not been able to make reasonable decisions regarding services for the focus youth.

There appears to be inconsistent and insufficient communication and teaming among key players involved in the focus youth's case. One indication of this is that no one appears to be systematically working to ensure that the focus youth can reach permanency in a timely manner

by identifying and addressing current barriers. Team members have not developed timeframes for permanency goal achievement. Some team members expressed reservations about moving forward with the current caregivers as adoptive parents, which leaves the success of the permanency goal in question.

### **Stability of Findings/Six-Month Prognosis**

It is anticipated that the focus youth's status may decline if there is not proper permanency planning.

### **Next Steps**

1. Hold a team meeting to address concerns with moving forward with the adoption with this family. The team must identify interventions needed to mitigate the concerns and develop a plan with measurable outcomes and time frames that everyone agrees to and signs. The expectations of the pre-adoptive parents must be clearly presented. Hold follow-up team meetings to track and review progress, making adjustments as needed.
2. Evaluate the intensity of therapeutic services. Explore the substitution of a group session for one of the current three talk-therapy sessions per week.
3. Identify the need, level and intensity of therapeutic services, post adoption/permanency, refer and implement as needed.

## Quality Services Review Case Summary

### Case # 45

**Review Dates:** May 14-15, 2008

**Placement:** Kinship foster home

**Persons Interviewed (8):** Social worker, foster parent, child, GAL, mother, mother's attorney, teacher, administrative reviewer

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is an 11-year-old African-America female who lives with her six-year old brother in the home of his paternal grandparents, longtime foster parents. The children came into care four years ago, when their mother was arrested for selling marijuana out of their home. She served a brief sentence in jail, and the children went to the current foster home. The mother asked her son's paternal grandmother, an already-licensed foster parent, to care for the children, and she agreed. The goal was at one point guardianship with the grandmother, but it was recently changed back to reunification, as the only barrier to permanence is the mother obtaining large enough housing. She had a third child two years ago, and she lived in a two-bedroom apartment at the time of the review.

The mother does not have any mental health issues, as evidenced by her recent psychological evaluation, and she does not have a substance abuse problem, as evidenced by her numerous negative drug tests.

The child reportedly knows who her father is but does not communicate with him often.

#### Child's Current Status

The focus child was described as someone who is smart and likes for people to know she is smart, a little bossy, sweet, vulnerable, feisty, and not afraid of a challenge. She describes herself as sometimes nice and sometimes mean. The child is safe in her home and at school, as no interviewee reported concerns. She has also been very stable in both her home and school placements, with no changes in the past four years. The team is hopeful she will achieve permanence in the near future, as they plan for her to reunify under protective supervision at the time of the next court hearing, a month after the review. The child is reportedly up-to-date on her physical and dental routine exams, but she requires follow-up for two cavities.

The child is normally well-behaved at home, but in recent months, as reunification has gotten closer, she has begun to act up in the foster home following her weekend visits with her mother. The grandmother states she can see a difference in the focus child, including increased anxiety regarding going home with her mother, as she has not lived with her full-time since she was six years old. The focus child says she does not have to do as many chores at her mother's house, so she does not want to do them at her grandmother's. Other than this periodic defiance towards her grandparents, the focus child does not have any behavioral problems at home. She

reportedly gets along well with her brother. At school she is starting to exhibit similarly defiant behavior, resulting in calls to her grandmother. She has been talking back to her teachers and “squabbling” with her peers. Her teacher reported that he hopes the focus child “goes in quietly” to her new school and does not challenge other students.

The focus child, a fifth grader, is an excellent student whose teacher is recommending her for a gifted program next school year, although she will most likely be attending a different school by then. On her most recent report card she earned all A’s and B’s, except for a C in the social skills. Her favorite subject is reading, and her mother reports she reads a lot when she is there on weekends.

### **Parent Status**

The mother reported she was moving the weekend of the review into a three-bedroom apartment and was looking forward to being reunited with her children. She has been participating in regular weekend visits with them, with no reported problems. She states that she has done everything that has been asked of her, including parenting and anger management classes, as well as drug testing. She recently had a psychological evaluation, which did not recommend any mental health services. A counselor was recommended simply for support, but the mother declined. She stated she likes to do things on her own but could turn to her sister or parents if she needed help. The mother does not report frequent contact with the social worker or her attorney, although she does see her Collaborative worker weekly.

The mother was living in a shelter until six months ago, when she discovered she had never lost her Section 8 voucher. She moved into a two-bedroom apartment, and the judge ordered that she needed a three-bedroom apartment in order to be reunified with her children. She is not currently employed, although she has worked some in the past and reported she was applying for a job with the assistance of her Collaborative worker. She reported she would be moving into a three-bedroom apartment the weekend of the review and anticipated her children being returned to her after the next court hearing.

According to the social worker, she has heard through the grandmother that the mother has made progress in being more assertive as a parent with the focus child and not allowing the child to dictate what she can and cannot do. The children have been having fairly regular weekend visits at her home, although the mother has reportedly canceled a couple of visits. No one interviewed reported concerns about the care the mother has been giving to the youngest child, who was never removed.

### **Caregiver Status**

The grandmother is reportedly providing high quality care for the child and her brother. They seem to enjoy living with her, although they are excited about going home with their mother. The grandmother ensures the children participate in enrichment programs through the department of parks and planning. She also requires the children to do weekly age-appropriate household chores.

The grandmother is in frequent touch with the social worker, in person and on the phone, and she reported being satisfied with their relationship. She did report being frustrated with the amount

of chances she believes the court has given the mother over the past four years, especially considering the case was moving towards guardianship with her until recently. She is not confident the reunification will work out, but she acknowledged this could be due to her high standards or her judging the mother on her past. The grandmother is concerned that the judge does not insist that the mother be employed, sending the message that public assistance is sufficient. She does not want the mother to begin selling drugs again to support the children. The grandmother reported she will remain a support to the family, as she wants to remain a “positive influence” on the children and family. She has a large, tight-knit extended family who will also remain involved.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What’s Working Now**

Most interviewees reported that the social worker was the lead on the case. The social worker advocated with the Mayor’s liaison for the mother to receive a voucher for a three-bedroom apartment, which the mother would soon move into. The social worker is in frequent contact with the grandmother and was aware of the mother’s impending move to a three-bedroom apartment.

Reportedly, due to the judge’s and the attorneys’ influence, the goal was changed from guardianship to reunification. These team members recognized that the only barrier to permanency for the mother was housing, and over the course of six months, the mother has been able to move from the shelter system to a sufficiently large apartment.

The team has planned ahead for the focus child’s transition to a new school. The mother has already enrolled her in a charter school for the next school year and planned how she will get there (Metro bus).

### **What’s Not Working Now and Why**

While this case is moving towards permanence, the mother has not been engaged as fully as she could have been. She and the children have been having weekend visits, and no one on the team has observed them together. The children are likely to be placed with their mother under protective supervision after the next court hearing and would be monitored in-home after that, but the team would be reacting to any problems rather than being proactive and addressing them before the children return home.

The mother has a Collaborative worker who is not involved in her child welfare case. This person could be a beneficial team member, especially as the children move home.

Multiple interviewees described frustration with the court process. They stated the judge gave the mother numerous chances, resulting in a delay in permanence.

The father has not been invited into the case planning process. The mother reported that the social worker asked for the father’s information but did not reach out to him. The social worker is aware that the focus child knows who her father is, speaks with him on the phone occasionally,

but does not have much of a relationship with him. Whether or not he wants to participate in his daughter's life, he could be a financial support to the mother.

### **Stability of Findings/Six-Month Prognosis**

The child's status is likely to remain status quo. While she will be moving home with her mother and changing schools, she will continue to be monitored, and any needed services should be implemented.

### **Next Steps**

1. Hold a team meeting focused on proactively transitioning the children back to their mother's home. Include the mother, grandmother, Collaborative worker, attorneys, and anyone else the mother sees as a support, such as her sister.
2. Someone from the team should observe the children at their mother's home during a weekend visit. It is essential that the team is informed firsthand about how the visits are going, rather than hearing secondhand from the children.

## Quality Services Review Case Summary

### Case # 46

**Review Dates:** May 12 -13, 2008

**Placement:** Traditional foster home

**Persons Interviewed (14):** Social worker, community support worker, school personnel, focus child, therapist, education advocate, paternal aunt, birth father, step mother, foster mother, GAL, AAG, previous foster mother and administrative reviewer.

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is a 10-year-old African-American female, who is currently residing in a therapeutic foster home with two other children. She is the third of seven children for her mother and the oldest of two children for her father. Her current goal is reunification with her father, and the concurrent plan is guardianship with the paternal aunt. The family became known to the agency in 2006, when a report was received indicating that the mother contacted the agency and stated she was overwhelmed by the focus child's out-of-control behavior. She reported to agency staff that the child's medication was not working and someone needed to come get the child because she would kill her. The mother informed staff that the child was returned to her care by the father about seven months ago and, while living with the father, the child was sexually assaulted. It was also alleged around that time that the father was not the biological father of the child. Agency staff visited the mother's home, and the child was removed and admitted to a psychiatric hospital for a 21-day inpatient evaluation. Subsequent to the focus child's admission for psychiatric care, the mother informed the agency that she was unwilling to care for the child and refused to have the child returned to her care. An investigation was conducted, and the allegation for being an unwilling caregiver was substantiated on the mother. The focus child was placed in a foster home upon her release from the psychiatric facility.

Reportedly, the focus child and her younger sister were placed in their father's care by the mother at an early age; they resided in the home with their father, his wife and two step-brothers. The focus child would spend her summers with the mother and would also often be dropped off to the mother's home by her father whenever he got overwhelmed by the child's behavior. During the summer of 2006, when the mother contacted the agency, she had reportedly also contacted the father, but he refused to come and get the child, due to the questions about the paternity of the child.

It should be noted that during the review, it was observed that the focus child's status had improved greatly during the two weeks prior to the review. However, since reviewers looked at the last 30 days, the changes may or may not impact the outcome of the review. One major change that occurred two weeks before the review was the child being diagnosed as emotionally disturbed and therefore classified for special education services. Reportedly, the child had not been receiving special education services even though her behavioral problems were so extreme that she was a danger to herself and to others at school. Additionally, the school was unable to

manage the child's behavior and was unable to deescalate her behavior or redirect the child. Apparently, the team was unable to convince the school after several meetings that the child required special education services; the school did not believe the child met the criteria for special education services due to the fact that she had maintained good academic standards. However, through court intervention, the team was able to get the child special education services; this ultimately got her into a new school that would meet both her academic and behavioral needs. As a result of the child's behavioral problems and the school's inability to redirect her, the foster care placement was disrupted and she was placed in a new home two weeks prior to the review.

### **Child's Current Status**

During the two weeks prior to the review there were no concerns regarding the child's safety at school or at home. She was placed in a new foster placement, where she was safe and had been adjusting well. It was reported that she had been very respectful and seemed to have a positive attitude about her new home and school. The focus child was also placed in an appropriate school placement that is able to manage her behavioral problems. Since her placement at the new school, there have been no reports of any behavioral problems and the child appears to be safe. The focus child experienced only one school change and one foster home placement since coming into care and seems to be adjusting well to her new placements. The focus child is performing at the appropriate level for her age academically and seems to have a history of always doing well in her academics, even when she is having difficulty controlling her behavior. Reviewers noted that the child's behavioral problems were centered at school, and she was not having the same problems in the foster home. In fact, she had developed a close relationship with her previous foster mother and had adjusted well in the home. Due to the close relationship between the child and the previous foster parent, it was reported that visitation has been arranged for the child and the foster mother to maintain their relationship and to allow the foster mother to continue to be a support for the child.

The focus child is diagnosed with post traumatic stress disorder, oppositional defiant disorder, ADHD and enuresis; her medications are Abilify, Concerta and Oxycarbazepine. The focus child participates in individual therapy, where she is working on issues regarding abandonment by her family and her feelings of frustration of not been able to see her mother. It was reported by the mental health provider that the child associates her violent behaviors with the fact that no one cares about her. Additionally, the child becomes very remorseful after having an outburst and would express her desire to do better. The child is also working on different strategies she could use to help control her aggressive behaviors. She is also followed by a psychiatrist for medication management. The focus child was receiving community-based intervention for crisis intervention and anger management. This service was utilized mostly at school; however, the service was discontinued about two weeks prior to this review.

The focus child appears to be in good health and is current on all her medicals – vision, dental and physical. Reportedly, she has some problems with her adenoids, which causes her to breathe heavily. She received medical care for this in the past; however, it appears that she will require some medical follow up to re-check the adenoids to ensure no medical complication. She also has a history of enuresis; however, it was ruled out as a medical problem and was considered a behavioral problem. Reviewers were informed that the child often just refused to go as needed

and therefore tends to have accidents. This is also been address in her therapy. In addition to the individual therapy, the focus child participates in family therapy once per week with her father and his family in preparation for reunification.

### **Parent Status**

The birth mother has not had any contact with the agency or the child in over a year.

Prior to the focus child being placed in foster care, the father had doubts about the paternity of the child and therefore separated himself from her. However, once the child entered foster care, the court ordered a DNA test for the father and the child, which proved that the child was indeed his biological daughter. The father and the step mother are currently working cooperatively with the agency towards the goal of reunification. They have completed all the requirements for the Interstate Compact and Placement Contract (ICPC) in preparation for reunification. The father and his wife does not have any children together, however, the wife's two sons reside with them along with the father's younger daughter. The family is having weekly unsupervised overnight visits with the focus child, which seems to be going well. The father and his wife also participate in family therapy with the focus child to address concerns the child have regarding her feelings about her family. Reportedly, the father recently started to comply with visitation, which coincides with the last court hearing, prior to this he was very inconsistent. The father and the focus child's relationship seem to be positive and the two appear to enjoy the visits. The plan is for the father to have unsupervised weekend visits after a period of successfully complying with the overnight visits.

### **Caregiver Status**

The focus child was placed with the current caregiver two weeks prior to the date of the review. Reportedly, she seems to be adjusting well in her new home and was interacting positively with the other two children in the home. The foster mother reported that initially the child was very quiet and kept mostly to herself; however, after a few days and with some coaxing from the foster mother, she gradually became more sociable. Due to the recent placement, the current foster mother has not had the opportunity to really participate in activities relating to the child, but she maintains contact with the social worker regarding the child's adjustment in the home. Reportedly, when the child was first placed in the new home, transportation was not in place for her to go to her therapeutic after care program, so the foster mother was transporting the child daily from Maryland to DC.

Reviewers were able to interview the previous foster parent, with whom the child resided since coming into care. The child spoke highly about her previous foster mother and seems to enjoy the fact that she is still able to have some contact with her. Reportedly, the child speaks to the previous foster mother on a regular basis and the two have visitation schedule. The foster mother expressed to reviewers how much she cared about the child and was devastated that the child had to be removed. However, she felt it was very important for the child if they maintain contact with each other. It was reported that the reason the child was removed from the home was due to her behavioral problems at school and the fact that the foster mother would have to leave her job sometimes daily to go to the school. Due to the constant absences from work to pick child up from school was jeopardizing the foster mother's job and with the school's failure to handle the child, the foster mother had to put in a notice to have the child removed form her

home. Everyone interviewed spoke highly of the foster mother and reported that she was extremely involved with the child and participated in all the meetings and court proceeding as it relates to the child. The team regrets having to move the child from this placement; however, they were unable to provide the child with a more stable school environment.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The child is in the appropriate school placement, where her needs can be properly addressed. She is receiving the necessary services to address her mental health needs. The visits between the focus child and her father seem to be going well and have been consistent with the recommendations for reunification. She is also visiting and spending time with her younger sister who resides in the home. The social worker was identified by the participants who were interviewed as the leader on the case and the one who coordinates and monitor the implementation of services for the focus child. There was a definite team on the case, who are meeting to address problem resolution and to deal with crises as they arise. The team seems to have done an exceptional job successfully obtaining special education services for the child. The social worker was able to re-engage the father in cooperating with the case plan in order to achieve the goal of reunification. The team is working on a concurrent plan in the event that reunification does not work out for the focus child and her father. Apparently, there is a paternal aunt who is being considered for guardianship. Reportedly, the aunt has also completed all the necessary documentation required to have her home licensed as a placement option. The plan is for visitation to be arranged between the focus child and the aunt.

### **What's Not Working Now and Why**

Although the social worker is working with the father towards reunification, there is no evidence in the case plan that he is being included in the case planning process. There was no case plan for the father, and the one in the record did not include the father and the step-mother as participants. It does not appear that everyone was working together towards reunification, even though everyone interviewed agreed that reunification was the goal. Reviewers noted that although team members say reunification was the goal, some members did not think it would happen and believed that guardianship was more likely to be achieved than reunification with the father. Reviewers noted that some team members were already predicting that something could possibly happen within the family to the step-mother that would cause the father to be alone; they did not believe the father could parent the children by himself. Furthermore, there seemed to be some confusion between the father and the aunt as to what plan the agency was working on. The aunt was being told the child was coming to her house, but at the same time the father was being told that the child was coming to his home. Both resources were confused as to what the actual plan for the case was.

### **Stability of Findings/ Six-Month Prognosis**

It is expected that the case will improve, as the child is expected to be either reunified with her father or go with her aunt under guardianship.

### **Next Steps**

1. Social worker to schedule a meeting with the key people to address the following issues :

- a. Clarification around permanency goal,
  - b. Concurrent planning with the aunt for guardianship,
  - c. The importance for both the father and the aunt of meeting requirements on time, current progress, and consequences of not meeting the requirement in order to achieve permanence.
2. Case plans should be revised to include the father and the step-mother as participants.
  3. Social worker to expedite the ICPC process for the paternal aunt's home in preparation for the possibility of guardianship prior to the next court hearing.
  4. Initiate visits with the paternal aunt and the child to start the bonding process as they work towards possible guardianship.
  5. Social worker to follow up with psychiatrist to ensure that appropriate monitoring and tracking of the child's medications are been implemented to address possible changes accordingly.

## Quality Services Review Case Summary

### Case # 47

**Review Dates:** May 13 – 14, 2008

**Placement:** Pre-adoptive home

**Persons Interviewed (7):** Social worker, birth mother, therapist, father's counsel, special education teacher, GAL, child and pre adoptive parent.

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is a six-year-old African-American male, with a permanency goal of adoption. The child is currently residing in a pre-adoptive home with one of his older siblings; he was placed in the home seven months ago. The focus child has six older brothers and one younger brother; two of his brothers were adopted and the others are residing in pre-adoptive homes. The family initially became known to the agency in 1997 due to an unsubstantiated report of neglect. Between 1997 and 2004, the agency received several reports of neglect regarding the family, but none were substantiated. In 2004 there was an allegation of poor living conditions. The allegation was substantiated and a case was opened for supportive services. However, in working with the family, it was later discovered that the mother was neglecting the children's medical needs especially that of the focus child, who had significant developmental delays and seizure disorder. The children were found to be unkempt, with dirty and inappropriate clothing. Furthermore, the family was residing in a two-bedroom apartment with seven children and five adults. As a result, the children were removed from the home in the beginning of 2005 and were placed in foster care.

#### Child's Current Status

There are no safety concerns for the child in the home; however, there are concerns regarding his safety at school. Reportedly, the youth is displaying some acting out behaviors at school – he sometimes runs out of the classroom or kicks and bites his teacher and other children. The child can be redirected sometimes, but there are times when it is more difficult. He is now in his second school placement, and it seems his adjustment is not going well. It was reported that, due to his behavior, the child is not making any progress on his basic academics. He is receiving speech and language therapy in school; however, the school reported he often choose not to participate. The focus child rarely speaks in school and when he does, he does not use sentences and mostly uses baby words. Even though the focus child has his limitations due to his diagnosis, the school reported that he has the ability to progress more in his basic academics. While he does not exhibit them in school, the focus child is demonstrating in the foster home his ability to accomplish some of his academic goals. Reportedly, in the home he is speaking in sentences, following three part directions and recognizing some letters and numbers. Reviewers observed that the child can color and heard him spoke in a sentence.

The child was initially in a pre-adoptive home with his siblings; however, the adoptive parents changed their mind the day of the adoption trial about a year ago. Since the disruption of that

home, he has had five different placements. The child is currently in a pre-adoptive home and has been there for about seven months. This has been his longest placement since the disruption of the pre-adoptive home, and it is expected that he will remain in his current placement until he achieves permanence. Reviewers observed that the focus child seems to be connected to the foster mother and wanted to be in her presence during her interview with reviewers. It was reported that the child's behavior has improved drastically in the home over the last few months, and he seems to be more sociable in the home. The parties interviewed credit the child's progress to the foster mother and the fact that the child has some stability in his current home.

The focus child is current on his medical and is about to have all his yearly examinations in the next few months. Reviewers were concerned about the fact that the child is on depakote, but it was not clear as to what the medication was treating. Some documentation and people interviewed stated that the depakote was for the seizures, while others stated it was for the child's behavior. Additionally, there was no evidence that the child's blood levels were being monitored to determine if there were any negative side effects or adjustments needed in the dosage. The focus child is receiving play therapy once per week; however, the therapist reported she is not making any progress and did not feel as though she should continue to provide the service. Apparently, the child acts out in therapy, does not speak to therapist, and often runs out of the sessions. According to the therapist, she is having difficulty redirecting the child and is not able to provide him with any play therapy.

### **Parent Status**

The birth mother is currently residing in a two-bedroom apartment and is employed on a part-time basis. Reportedly, she is married to the focus child's father, who is incarcerated. The mother's seven children were removed from her care; two were adopted, and the others have a goal of adoption. The mother admits to reviewers that she was not compliant with recommended services and as a result lost the opportunity to have all of her children returned to her care. However, she believes that she is now in a better position and can still get the focus child and his sibling, who currently resides in the same home with him, back into her care. The children's father will be returning to her home once he is released from jail. The mother is currently ambivalent about giving consent to have the focus child adopted but feels his current placement is a good one, and she would prefer for the child to remain in this home. Reportedly, the focus child and his mother do not have a close relationship, and during visits he rarely interacts with her. This is partially due to the fact that the mother is non-compliant with visitation and often does not show up for scheduled visits. She is uncooperative with agency staff and does not participate in meetings regarding her children.

### **Caregiver Status**

The child has been with the foster mother for about seven months and seems to be progressing well in her care. She appears to be very proactive in regards to the child's needs and is already thinking about what she will need to do in order to meet his developmental needs. The foster mother is currently looking into summer programs and a possible new school placement for the next school year that would appropriately address the child's needs. Reportedly, the foster mother interacts on a one-on-one basis with the child and encourages him to speak in sentences. The foster other is also able to redirect the child and does not experience the same behavioral problems at home as the school. Additionally, she provides assistance with his basic academics –

colors, numbers and letters. The foster mother spoke proudly of the focus child's progress while in her home and seems to be very optimistic about his future. Although the foster mother spoke positively about the adoption and informed reviewers that she already signed a letter of intent, she expressed some ambivalence due to lack of information regarding the extent of the child's condition and future expectations. The foster mother is very involved with the school and communicates with the teacher via notes that are sent home in the child's book. Additionally, she keeps up with the child's medical needs and is in the process of ensuring that all his medical follow-ups are scheduled accordingly.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The child is in a good placement which seems to be stable, and he appears to be progressing very well. It appears that the social worker and the foster mother are very engaging with the child and seems to be the only two people who have been able to establish a relationship with him.

Reportedly, he recognizes his social worker and interacts well with her. The foster mother is able to successfully assist him with his basic academics and socialization skills. Additionally, unlike other providers who are working with the focus child, the foster mother is able to redirect him without any problems. The social worker seems to be very supportive of the foster mother and has made herself available to the foster mother for assistance. At the time of the review, it was reported that the foster mother was trying to schedule the child's upcoming annual physicals but was told she could not get one of the appointments until a couple of months after the due date; however, after she informed the social worker of the late appointment, the social worker got involved and contacted the doctor's office to request for an earlier date.

### **What's Not Working Now and Why**

The focus child was placed in the foster mother's home without appropriate documentation regarding his medical and developmental needs. Some people interviewed are negatively interpreting the foster mother's ambivalence towards adoption. No one has had a discussion with the foster mother to decipher what the real issues are; instead, they are assuming that she no longer wishes to adopt the focus child. The foster mother feels as though she does not fully understand the child's condition, since he behaves one way at home and then another at school. She wants to ensure that she has a full understanding of what the expectation are for the child with his developmental delays in order to appropriately plan for him. There is no evidence that there is a team on this case; no one is meeting and talking to address issues that need to be discussed. The current GAL is new on the case and does not have all the necessary information regarding the child's situation. Additionally, the case has had several social workers, and the current worker who has been on the case for two months is about to leave the agency. It was shared with reviewers by participants that the changes in social workers are sometimes disruptive to the case.

The focus child's mental health needs are not being met; his therapist has made it clear that she is not doing play therapy with the child and he needed to be referred to someone who has the expertise to provide that service. However, the child is still being transported to the therapist for play therapy, which is not happening. The child is on depakote, which has a potential side effect

of kidney failure, but there is no evidence that the child's medication is being tracked and monitored by the physician for any necessary changes.

The mother has the impression that she can still have the focus child return to her care; however, the agency is not working cooperatively with the mother due to the fact that the child's goal is adoption. The father is not aware of what is happening regarding the case, due to his incarceration.

### **Stability of Findings/Six-Month Prognosis**

The child is expected to remain in the current pre adoptive home until the adoption is finalized. This will contribute positively to his stability and overall progress. As a result the case is expected to improve over the next six months.

### **Next Steps**

1. The social worker should schedule a meeting with the key participants on the case to discuss the permanency goal and to address any concerns there might be regarding the adoption.
2. Arrangements should be made for the foster mother to receive all the child's evaluations and medical information regarding his diagnosis. Furthermore, the foster mother should be referred to the appropriate individual who can address her questions and concerns regarding the child's developmental delays and to provide clarification.
3. The physician should be notified that the child is in need of lab works to check his blood levels to determine if there need to be any necessary changes with his medication.
4. The social worker should re-engage both the father and the mother in the case planning process to ensure that they are aware of the permanency plan and their options.
5. Sibling visits are very rare and need to be more frequent and consistent.
6. Social worker should immediately refer the child to a play therapist who can meet his needs.

## Quality Service Review Written Case Review Summary

### **Case # 48**

**Review Dates:** June 10, 2008

**Placement:** Therapeutic foster home

**Persons Interviewed (8):** Department of Mental Health (DMH) core service agency community support worker, DMH core service agency therapist, DMH core service agency psychiatrist, school therapist, child welfare social worker, mentor, foster father, and youth. The biological mother and foster mother did not make themselves available for interviews.

### **CHILD & PARENT STATUS SUMMARY**

#### **Family History**

The focus youth is an 18-year-old African-American male. He has a permanency goal of Alternative Planned Permanent Living Arrangement (APPLA) and currently resides in a two parent, therapeutic foster home. He has contact with his biological mother, who lives approximately 10 minutes from his foster home. His family became known to CFSA in 2002 because of alleged physical abuse by his mother and her boyfriend. The youth's case was transferred from CFSA to a private agency in November 2007 due to the belief that the youth required a higher level of therapeutic case management. The youth reportedly had incidents of sexually acting out in public. The youth was also exhibiting difficulty managing anger, which resulted in physical and verbal displays of aggression. Triggers of the youth's anger include not getting his way and not being able to see his mother.

The youth's biological mother is unemployed, has a history of alcohol abuse, and there is suspicion that she is currently abusing alcohol. Her parental rights were never terminated, and the youth's permanency goal is APPLA. The youth desires to live with his mother, but there is no plan to return him to the mother's care due to her alcohol abuse and inconsistent participation in the youth's life. There is an older brother, who was never committed to the child welfare system and resides with the biological mother. He also has an older brother who is deceased. The youth has never had a relationship with his biological father or any paternal relatives. His father's identity and whereabouts are unknown to all team members, and it appears no efforts have been made to identify and locate the father since the youth entered the child welfare system.

The youth currently attends a special education school in the district and has attended this school for several years. The youth has a diagnosis of mild to moderate mental retardation and has a reasonable level of functioning. It was reported the youth has several different DSM diagnoses, and the reviewers were unable to obtain a consensus on the actual diagnoses from the team members and mental health records. The youth is prescribed Zyprexa, Adderal, and Zoloff.

#### **Child's Current Status**

The focus youth is safe in his foster home. Since entering the home in November 2007, he has engaged in verbal confrontations but has not acted out physically. It is believed that the youth's foster home placement will remain stable, but this is contingent on the youth's ability to sustain

positive behaviors. The youth has previously disrupted a residential placement and group home placement, due to physical and verbal attacks. He was placed on probation after assaulting a group home staff person. The youth completed his probation and in the last 30 days and has exhibited fairly responsible behavior. The youth is up to date on all medical, dental, and vision appointments and is healthy overall. He is required to wear an arm splint to provide better use of his right arm, which is deformed, and a foot cast to help correct his gait. The youth, however, is not consistent with wearing these devices.

The youth's Individualized Education Plan (IEP) is current, and he is receiving all services outlined in the IEP, which include individual and group therapy, speech and language, occupational therapy, and special education. The youth's aggressive behaviors have caused him to be suspended from school, but he has not experienced a suspension in the last four months. The youth's school placement is stable, and he will remain at this school until age 22.

The youth has difficulty expressing his emotions, which contributes to the aggressive outbursts. Team members report he can be very loving and communicative at times, but this is not consistent. The youth and all team members, except the psychiatrist, reported he is compliant with taking his medication daily.

The youth is very good with video games and other gadgets and is a fan of wrestling. He reports he enjoys playing basketball and desires to play on a community basketball team. He recently constructed a cabinet with his occupational therapist at school and his current goal is to become a construction worker. The youth's life skills need refinement. He is able to take public transportation on his own but cannot cook or count money, and his personal hygiene is poor. His cognitive deficiencies may limit his ability to learn certain life skills, but there have also been few efforts to teach the youth. The youth is expecting to work a summer job through the summer youth employment program and is in need of a non-driver's identification card.

### **Parent/Caregiver Status**

The focus youth has lived with his current foster parents since November 2007. The foster mother did not make herself available for the interview so the reviewers were only able to rate the caregiver status indicators for the foster father. The youth reports having an adequate relationship with his foster father but expressed disdain towards his foster mother. The youth even expressed he would like to leave the placement because of his issues with the foster mother. Per the youth's report, the youth and foster mother have engaged in verbal altercations, and the youth claims the foster mother recently allowed a door to hit him. Team members who are aware of the alleged incident do not believe the foster mother intentionally allowed the door to hit the youth. The foster father and youth appear to have a positive relationship, and the youth reported he is able to talk to the foster father. The foster father ensures the youth takes his medication daily and maintains communication with the youth's child welfare social worker.

## **SYSTEM PERFORMANCE APPRAISAL SYMMARY**

### **What's Working Now**

The focus youth's aggressive outbursts and sexually acting out behavior have decreased over the past 90 days. He participates in home-based therapy with his mental health therapist on a

consistent basis and is able to logically express goals for the future. He is compliant with his medication. The youth does not usually attend family court hearings, but no team members reported any issues regarding court.

The youth's service team includes the child welfare social worker, mental health therapist, mental health community support worker, school therapist, mentor, tutor, foster parents, and youth. With exception of the child welfare social worker, school therapist, and foster parents, the other service providers have been involved with this youth for an extended amount of time. The mentor has been working with this youth for over five years and is very bonded with the youth. He sees the youth at least twice weekly and talks to him on the phone several times during the week. The mentor's relationship with the youth has also helped stabilize the youth when he was in crisis. The mental health therapist and community support worker have worked with this youth since he began receiving mental health services in 2006.

The child welfare social worker has started preliminary planning for the youth's case closure after he transitions out the child welfare system. The social worker has begun a referral to the Department on Disability Services, which the youth is eligible for because he had a diagnosis of mental retardation prior to age 18. The referral is incomplete because she is awaiting an updated psychological evaluation from the youth's school.

### **What's Not Working Now and Why**

Team members share a similar assessment of the youth's strengths, challenges, and goals; however, each member provided the reviewers with a different DSM-IV diagnosis for the youth. The diagnoses offered included Adjustment Disorder, Attention Deficit Disorder, Dysthmic Disorder, Depression, Oppositional Defiant Disorder, and Bipolar Disorder. Because this was a review conducted in conjunction with DMH, the interview with the child welfare social worker was scheduled as a telephone conference, and the reviewers were unable to view the child welfare records. The most current treatment plan in the mental health records lists Dysthmic Disorder as the primary Axis I diagnosis.

The inconsistency of the team members' diagnoses of the youth's symptoms illustrates the lack of teaming involved in this case. There are some team members who talk informally with one another to discuss this case, but most members are working in silos. Some members expressed discontent with the lack of engagement between the child welfare social worker and the rest of the team, including the youth. It should be noted that the child welfare social worker received the case in November, went out on extended leave in February, and did not return until the end of May. Consequently, in the last three months engagement, coordination, teaming, and case planning have been unfavorable. She does have a relationship with the foster father, but communication with the rest of the team is limited.

Team members do not collaborate on case plans, and there are currently several different written plans for this youth. The child welfare social worker completes a case plan every six months; the mental health team completes a treatment plan every three months; and the school therapist also completes an assessment periodically. All team members are working toward similar goals but not because they are actively working together on a plan together for the youth.

There are no informal community or family supports available to this youth now or post-permanency. He reports that he has no friends at school or in his neighborhood and he is not involved in any social groups, although he expresses an interest to play on a basketball team. He does not have contact with any family other than his mother and brother. The team has made some effort to include mom in the youth's case, but she has not been receptive, although she does maintain inconsistent contact with her son outside of the system. The team has not made any efforts to connect the youth with extended biological family members, and no efforts have been made to identify the youth's biological father.

### **Stability of Findings/Six-Month Prognosis**

Presently the youth is stable, both behaviorally and emotionally. He will continue to receive therapeutic case management, therapy, community support, mentoring, and tutoring. Based on these factors, it is expected he will continue status quo over the next six months.

### **Next Steps**

1. Increase communication amongst all team members through both formal and informal discussions.
2. Clarify youth's diagnosis and begin planning for youth's transition out of the child welfare system.
3. Transition planning should include the following:
  - a. Convening ITILP meetings
  - b. Working with foster parents, mentor, and community support worker on assisting the youth in the development of life skills such as cooking, basic money management, and personal hygiene
  - c. Completing the referral to the Department on Disability Services (DDS).
  - d. Exploring youth's eligibility for and applying for Social Security Insurance (SSI)
4. Assist consumer in obtaining non-driver's identification card.
5. Explore community basketball camps/leagues for youth. Team members can complete a behavior modification contract with the youth and utilize participation in a basketball league as a reward or incentive for sustaining positive behavior.

## Quality Services Review Case Summary

### Case # 49

**Review Dates:** June 16-17, 2008

**Placement:** Kinship foster home

**Persons Interviewed (9):** Social worker, foster mother, focus child, teacher, psychological father, biological father, bio father attorney, AAG and GAL

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is a nine-year-old African-American male, who is currently residing in a kinship foster home with his mother's cousin. He has been in her home March, 2006. The focus child was removed from his mother's care in February, 2006 after he was left unsupervised while mother, who was pregnant at the time, was using crack. Mother has a long (15-plus) year history of crack use. Efforts to assist mother in going into rehabilitation failed, and the permanency goal for the focus child changed to guardianship with his foster mother in March, 2007.

The focus child has six siblings: four sisters, ages 25, 18, 17 and 12; and two brothers, ages three and two. He has weekly contact with his two eldest sisters and sees his 17-year-old sister, who resides in New York with her father, twice a year when she is in DC. His younger brothers reside with another of the mother's cousins in Ohio. He seldom sees his 12-year old sister who resides with their biological father.

It was reported that the focus child has not had contact with his mother since November, 2006. She has not attended court hearings or contacted the social worker since then either. While she did consent to guardianship with the kinship foster mother, her current whereabouts are unknown. After a DNA test a few months after the focus child was in care, the man thought to be his father was found not to be. Mother identified another man who took a DNA test and was identified as the focus child's biological father in January 2008. The first man has maintained a relationship with the focus child, visiting with him weekly since he has been in care. His biological father had two weekend visits with the focus child in February. Visits stopped when he learned that these visits must be coordinated and supervised by the social worker. It should be noted that the biological father is also the father of the focus child's 12-year-old sister.

The focus child received weekly therapeutic services from August, 2006 to August, 2007. The therapist determined that the focus child had met his therapeutic goals and discharged him. He was initially referred to deal with attachment and abandonment issues as well as his acting out behaviors mainly at school. Those interviewed stated that there was a marked, positive change in the focus child's behavior, which they attributed to therapy. He currently receives tutoring to strengthen his reading skills.

### **Child's Current Status**

There are no safety concerns in the kinship foster home or at the child's school. The focus child gets along well with other children in his neighborhood as well as at school. He is described as being very popular in school and there have been no reports of fighting or misconduct. The focus child has experienced stable foster care and school placements for over two years. He is expected to continue in his current school until graduation. All parties interviewed expect the focus child to achieve permanency after the next court hearing two months after the review. Almost all parties expect the judge to rule in favor of granting guardianship to the current foster parent, following the recent guardianship trial where the biological father contested the guardianship petition.

The focus child is not aware that he and his 12-year-old sister have the same father. He continues to share a close relationship and bond with the first man who was believed to be his father. He appears to also have formed a very tight bond with his foster parent.

The focus child just completed the third grade and will be entering the fourth this upcoming school year. He was reported as being behind his grade level in reading. He is performing satisfactorily in math. He was evaluated for special education services during his second grade school year but did not qualify. Recognizing this deficit in reading, tutoring services were put in place in the summer of 2007 and continued through this past school year. However, persons interviewed did not observe any marked improvements in his reading skills, despite three hours of tutoring each week. The kinship foster mother believes he is in need of specific tutoring services targeted at reading comprehension. It should also be noted that the focus child is thought to have either started school late or repeated kindergarten or the first grade. When he resided with his mother they experienced homelessness and were in and out of shelters, which could account for inconsistency in his schooling prior to coming into care.

The focus child is healthy, with no medical problems or concerns. He is up-to-date with his vision, dental and medical exams.

### **Parent/Caregiver Status**

Those interviewed stated they felt confident about the foster mother being the guardian of the focus child. He gets along well with the foster mother's two children, a 14-year-old girl and 11-year-old boy. Interviewees stated that she treats the focus child as if he were her biological son. Interviewees said they were confident she would make decisions for the focus child that are in his best interest. She is seen as a key team member. Her opinions are heard, respected and incorporated into case planning.

The foster mother also ensures that the focus child is involved in extracurricular activities, such as football and basketball. She takes the focus child to his medical appointments and follows up as needed and directed. Interviewees expressed no concerns in regards to the level of care being provided by the foster mother.

When considering permanency and deciding to pursue guardianship for the child, she took the time to think about parental bonds and the value in keeping their rights intact. Being placed in her home has allowed the focus child to maintain and strengthen bonds with family members.

He gets to visit with two of his older sisters almost daily. The foster mother has many supports available to her in her family members. The gentleman the focus child believes is his father is also viewed as large source of support for the foster mother and the focus youth. The foster mother is committed to providing safety and stability for the focus child and makes conscious decisions regarding him visiting with his mother and biological father. The foster mother recognizes the focus child is doing well due mostly to the stability that she has been able to provide for him. She is concerned about informing the focus child about the identity of his biological father, but is willing to work as a team with both “fathers” to tell him, when he may be ready to handle that kind of information.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What’s Working Now**

The social worker has a great assessment and depth of knowledge of the child. She has been on the case since shortly after it was opened and has been available and approachable to those involved in the case. The social worker was described as a good leader in the case who communicates as needed with all necessary parties. Her court testimony was described as impressive regarding her level of knowledge, preparation and presentation. The social worker was described as being a “superstar.” It is apparent that she has a good rapport with the focus child and the foster parent. Interviewees stated that she is very prepared, organized, returns calls promptly and is responsive to their inquiries.

The GAL is the original one on the case and was described as being very involved and proactive. She is assisting the foster mother in locating tutoring programs within her community that could best meet the focus child’s needs post permanency. She maintains contact with the school and other key team members.

Interviewees reported that they were satisfied with the pace of the court case and felt that the judge makes fair decisions. The attorneys on the case also have respectful communication and will meet and confer outside of court as needed. Reports are submitted to court in a timely manner. All team members, including the foster mother, are aware of the case plan and next steps toward achieving the permanency goal. Team members understand and agree that it is necessary to move cautiously in revealing the identity of the focus child’s father to him and that it would be best to do so in a therapeutic setting to avoid as much trauma as possible. Team members are confident in the foster mother determining the parameters around when it would be best to inform the focus child.

### **What’s Not Working Now and Why**

While many team members understand that the focus child is behind in his reading and comprehension and that tutoring services were in place, there was no ongoing communication between team members, the tutor and school staff. This resulted in the focus child showing very minimal-to-no improvement, which could be attributed to a tutoring plan that was not supported in school and vice versa.

There is no doubt that the social worker made efforts to engage the biological father in visitation and case planning; however those efforts were not comprehensive. She made regular attempts to

contact him via telephone, as well as giving him her number in person after a court hearing to discuss visitation. However, his identity was known a few months after the social worker was assigned to the case and attempts could have been made to reach out to him by mail and face-to-face via home visits to further engage him throughout these past two years. The father expressed frustration when he stated the system pressured him to paternity test in order to terminate his parental rights, not to allow him to be a father. Engaging father is also necessary to coordinate regular visits between the focus child and his 12-year-old sister in father's care.

### **Stability of Findings/Six-Month Prognosis**

It is anticipated that the focus child's status will improve, as this case is expected to achieve permanency within the next six months. He is in a kinship home and has access to some of his siblings and other family members. The caregiver appears committed to continue to work with both "fathers" on supporting the focus child.

### **Next Steps**

1. Ensure that at least two viable options for post-permanency tutoring services are provided to the foster mother. If the GAL is doing this social worker should have the same information for the file.
2. Ensure that the focus child is enrolled in summer school.
3. Encourage the foster mother to create a linkage between tutoring services (if it is in place) and school by having a meeting with his teacher early in the school year to come up with a plan for improving his reading skills.
4. Ensure that the foster mother has information on post-permanency supports; specifically around therapeutic services when it is determined that child is ready to learn the identity of his birth father. Social worker will provide the foster mother with the brochure for the Post-Permanency Family Center.
5. Social worker will speak with the foster mother and ensure that she clearly understands her legal rights and responsibilities prior to the case being closed.

### **60- Day Follow-Up**

(Note: The social worker did not participate in the follow-up interview in person or via email. All information below is taken from FACES.)

1. FACES indicates that the caregiver told the social worker that there would be no tutoring after CFSA closed the case. There is no further documentation.
2. FACES has no information related to the focus child going to summer school.
3. As previously stated, there is a report that there will be no tutoring post CFSA involvement.
4. FACES indicates that the social worker provided the caregiver with Post-Permanency Center brochure.
5. FACES has no clear documentation regarding this task.

## Quality Service Review Case Summary

### Case # 50

**Review Dates:** June 18 - 19, 2008

**Placement:** Paternal cousin's home

**Persons Interviewed (7):** CFSA social worker, paternal cousin/caregiver, birth mother, birth father, AAG, CBI therapist, and mother's attorney.

The youth did not show for her scheduled interview. Several attorneys, including the GAL, did not respond for scheduling. School was out for summer session.

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus youth is a 15-year-old African-American female, who resides with her paternal cousin and 12-year-old female cousin. Her cousin/caregiver just had new baby two months before the QSR. The current permanency goal is guardianship by the paternal cousin. The youth's birth mother consented to the guardianship within the last three months. The birth father is incarcerated out of state. He will be eligible for parole in 2011. He talks with the youth via phone almost every week. The focus youth has a seven-year-old half-sister, who resides with their birth mother. There is also a half-sister on her father's side whom she sees sporadically, usually at family events.

The focus youth came to the attention of the Child and Family Services Agency (CFSA) in 1993 and again in 1997, due to issues of neglect including unsanitary and unsafe conditions in the family residence, including inoperable plumbing, lack of food, and lack of electricity. There were also strong suspicions that a live-in friend sexually abused the focus youth. The mother and child were not to return to the home, but the mother was unable to identify alternative safe housing for the child. Therefore, it was determined that the youth was in imminent danger while in the care of her mother. She was removed and placed in foster care. Within a month, the youth was placed with her paternal aunt under third party placement. Ten years later, almost a year before the review, this paternal aunt died. The youth was committed to agency care and placed with her current caregiver, a paternal cousin.

Case management for the focus child is provided and supervised by CFSA. She receives mentoring and tutoring through CFSA. She receives therapy through a core service agency.

#### Child's Current Status

The focus youth is described as polite, helpful, and strong-willed. She also has a strong love for her family. Everyone believes her current placement, which she has lived in for almost a year, will continue through guardianship. Team members describe that the youth has continued to positively adjust to her cousin's home. Behaviors described by the team are mostly thought to be age-appropriate behaviors or behaviors that steady therapeutic intervention could alleviate.

The paternal cousin is also caring for her own infant son and younger sister. The focus youth and her younger cousin reportedly have a “regular” sibling relationship in that they argue one minute and play another. It was reported that this younger child has some behavioral issues that need to be addressed, and the focus youth does not like it when that child acts out. The caregiver and social worker reported that the caregiver is working on obtaining mental health services for that child. Team members felt that the focus youth has responded positively with the birth of the new baby. They have found her to be helpful and caring with this new baby.

The focus youth attends a full-time special education school as of November 2007. Chronologically she should have been in the 9<sup>th</sup> grade this year, but her school is ungraded. She has a history of truancy at her previous school, which has dramatically improved since her enrollment in her current school. She was suspended twice at the new school for fighting, the last time being two months before the review. The team believed the youth thought if she were expelled from the new school she would be able to return to her old school. Team members were very clear with her that under no circumstances would that occur, and her behavior improved. Academically, she is reading at the 4<sup>th</sup> grade level, which is an improvement from last year. Team members feel that the new school and the tutor are responsible for the progress on her IEP and reading level. Team members spoke very highly of the tutor, who was found to be consistent, reliable, knowledgeable, and very interactive with the caregiver and school.

The social worker and the caregiver indicated that the focus youth has current medical, vision, and dental evaluations. She has admitted to being sexually active, and her caregiver has been consistent in ensuring the youth receives reproductive health care and testing for sexually transmitted diseases. Multiple people have reportedly counseled the youth on safe sex practices.

The youth has also engaged in smoking marijuana several times, including during the review period. She has not seen this activity as a problem. It was reported that a referral to the CFSA substance abuse specialist would be made for an APRA assessment. The caregiver would like the youth to spot drug test. Team members reported that several family members, including the mother and father, spoke with the youth in an attempt to discourage her from using drugs. The social worker reported that when the youth receives information from family/other adults regarding an issue she often makes better decisions, but this is usually after the action.

The youth received a psychological evaluation in 2007, several months after her commitment to agency care. She was diagnosed with PTSD symptoms. Individual and family therapy were recommended. The youth received a mental health intake at a community core service organization a month later. She was assigned a therapist, who worked with her until this Spring. That therapist left, and the youth has been assigned a new therapist, who had not made direct contact with her at the time of this review. During the interim, the family was assigned a CBI counselor, who worked with the family for approximately three months. The therapist felt that the youth reached her goals, and the family did not need the intensive therapy program any longer. She recommended continued individual therapy for the youth.

## **Parent Status**

The birth mother is a recovering substance abuser, who has reportedly been sober since mid-2007 (available drug testing records concur). She currently has a seven-year-old daughter residing with her. She does not have stable housing and tends to go from relatives' homes to friends' homes for shelter. While she expressed a desire for the focus youth to be returned to her care, she was able to articulate that unless she has adequate housing she cannot provide care for her. The mother consented to the guardianship by the paternal cousin. The mother has telephone contact and unsupervised visits with the focus youth. The mother indicated she would never keep her daughter from her father, even though there had been domestic violence in the past.

The birth mother reported she has been contacted by the social worker several times, although she does not always feel that she is kept updated on important information related to her daughter, such as the marijuana problem. She reported hearing about the problem in court, whereas everyone else already knew. She also expressed a desire to understand how the focus youth was doing in school and about her "slow learning." She stated:, "I think things are going well with [the youth] because no one calls me. I would like to be included, but I think I have no say so because I signed papers [for the consent to guardianship]. I brought this on myself, but at least I can still see her."

In terms of services, the mother indicated that she would like assistance with connecting with an anger management program.

The birth father is presently incarcerated in a federal prison out of state. He has weekly telephone contact with the caregiver and the youth. The youth reportedly visits him approximately once a quarter when the father's fiancée brings her to the prison. The father expressed that he had never been contacted by a child welfare social worker. He participated in the latest court hearing via telephone, but since then he has not had any further contact from his attorney, despite the guardianship issue. The father expressed a desire to talk with the social worker about his daughter, especially around her substance abuse and school issues. He would also like a professional opinion on the level of safety and care provided to his daughter in the caregiver's home. The father is aware of the youth's increased contact with her mother. He stated he was pleased with her improving herself and felt that the youth was benefiting from having positive contact with her mother.

### **Caregiver Status**

According to team members, the caregiver provides for all of the focus youth's physical, mental, and emotional needs. She attempts to provide this teenager with appropriate supervision in the home and community. She is described as being a positive advocate for the child and has consistently worked as a team member in order to identify and access necessary services for the youth (i.e., new special educational program). One of the team members described the relationship between the focus youth and the caregiver as positive and strong. The caregiver has known the youth for over 10 years and has a strong understanding and assessment of the youth's history, her current needs, and where she would like to see her in the future. When describing the youth, the caregiver identified many of the youth's strengths. Even when describing her challenges, the caregiver was not overly negative about them. Parties report that the youth refers to her cousin by her first name. There are rare instances when she says, "You're not my mother" when angry about something.

The caregiver is an active participant in the child's life and in the case. She was confined to bed rest for several months this spring, which impacted her high level of engagement, but even then the team reported that she would participate in meetings/visits that she needed to be at. She was in contact with the tutor, school, and social worker. She deals with the youth's medical issues and was active in discussing/planning around the substance use issue. For her role in progress to safe case closure, the caregiver has done all that has been asked of her thus far.

Another strength in this case is the caregiver's commitment to maintaining family connections on the youth's behalf. The caregiver monitors telephone contact between the focus youth and her birth parents. She had been struggling with the youth's relationship with her mother until she sat down with the mother after a court hearing and discussed the youth's care. These two women formed a united front when they realized that the youth was triangulating them, and now they work as a team. The caregiver values the visitation between the youth and her younger sister, who lives with their mother. The caregiver has also allowed the father's fiancée to transport the youth to the prison for visits usually on a quarterly basis. She also values the youth's contact with her half-sister on her father's side, usually at family events.

## **SYSTEM PERFORMANCE APPRAISAL SYMMARY**

### **What's Working Now**

Engagement of the youth in this case is a strength. The youth is invited to court. She attends all school meetings and meetings with her social worker. She also actively worked with her CBI therapist for three months. She has been asked her thoughts on permanency and reported that while she would like to return to her mother's care, she understands her need to remain with her cousin. In engaging the youth, it will be important to continue to discuss her responsible behavior, especially around her sexual activity and substance use/abuse. Her truancy has greatly improved, and it appears as though the youth makes better choices when she is continuously engaged in proactive conversations with adults.

The social worker and the caregiver are the natural leaders of this team. The social worker has done an excellent job in coordinating the services and the team communication. Most of the right people are involved in this case. There are several people kept on outskirts, namely the mother and the father. In addition, there are team members who appear to be negatively impacting the team functioning, especially as they move through permanency, including the parents' attorneys.

The mother and the caregiver have formed a working relationship that has positively impacted the parenting of the youth. The social worker and the caregiver report having a positive relationship. The caregiver feels supported and listened to. She feels like an active team member in decision making on behalf of the youth.

The CBI therapist, caregiver, social worker, and school developed a positive, effective working relationship for therapeutic service delivery. People reported that the school was cooperative, open, available, and part of the discussions around supporting the youth and the family.

Team members appear to have an accurate assessment of the focus youth's history and her current status. They see the trauma she has experienced and how that is impacting her life now, including her relationship with her mother. They value the youth's education and social skills ability. They have used their assessment of the youth to create a positive case plan.

Case planning process and implementation is a strength for the youth. Several team members have worked together to create a case plan with achievable measurable outcomes for the youth. This plan has been effective in several areas, including school and mental health, as the youth has improved in each area. Her truancy has greatly decreased. Her reading level has increased one grade level, and she achieved her CBI goals. The social worker has tracked the case plan's effectiveness and has worked with the team to adapt the plans as needed.

The team appears to have an overall, big picture view of the birth mother; her history of substance abuse and how she has parented her children. They see that she has made great progress in achieving sobriety and her strong desire to re-parent the focus youth. They understand her challenges now in terms of housing and how that impacts the youth. They are supportive of her relationship with the youth as long as it remains positive.

### **What's Not Working Now and Why**

The engagement of the birth father is poor, even by his own attorney. The father indicated that he had not been contacted by any child welfare social worker in years, and he had questions related to his daughter's care and well-being. The social worker encouraged the father's attorney to maintain contact with his client, but the child welfare system did not engage him to explain what was happening around the guardianship and answer any questions that could have made him feel comfortable with consenting to the guardianship. This has led to not being able to complete an assessment of the father, even though he has weekly contact with the youth.

Other issues are considered areas that need refinement for optimal quality case work, not necessarily challenges that need to be improved. One example is an increased level of engagement of the birth mother while the case is still open. The mother has a child in her home and during the review requested anger management services. This outreach to the mother could support her and enhance her ability to provide for the child in her home and improve her relationship with the focus youth.

Another issue is assisting the caregiver with her concerns related to her younger sister, whom she takes care of. It appears as though this child is causing stress and frustration for the caregiver and even the focus youth. The caregiver is struggling with accessing mental health services and has concerns related to the child's educational needs. While she has accessed a community advocacy program herself for the educational concerns, she is running into barriers related to the mental health system. The agency could proactively work to maintain this placement and enhance the caregiver's ability to parent her sister.

Regarding the pathway to safe case closure, team members have been steadily attempting to move this case towards closure, especially the social worker and the AAG. The birth mother consented; the referral for the guardianship subsidy was submitted; and the father participated in the latest court hearing. Multiple team members reported that the caregiver's attorney has not

filed a guardianship petition to date. She has stated that she is waiting for the father to consent. Several team members have expressed frustration with this attorney and the father's attorney, as they see them as two powerful barriers to achieving permanency. In addition, the caregiver believes the guardianship is finished because "we did papers in court." She did not seem to understand that her attorney has not filed the petition and that there is more that has to occur prior to finalization, including the father's consent issues and subsidy.

### **Stability of Findings/ Six-Month Prognosis**

Based on the fact that the guardianship is expected to be completed within the next six months and mental health services will continue, it is expected that the case will improve.

### **Next Steps**

1. Social worker will meet with the caregiver and explain the steps of the guardianship process, including the petition that needs to be filed by her attorney, the guardianship subsidy, and the need to remain current with her foster care licensing.
2. Social worker will meet with the caregiver again and discuss her concerns/frustrations related to her younger sister, for whom she provides care. The social worker will assist the caregiver in navigating the mental health system for this child. Social worker will provide the caregiver with the contact information for her local Collaborative, for which as a DC resident she is eligible for services.
3. Social worker will contact the father and discuss his concerns/ questions related to his child. The new case carrying social worker will make contact with the father upon receipt of the case and maintain contact at least on a quarterly basis.
4. Social worker will contact the mother and provide her with contact information for an anger management program in Maryland or contact information for the equivalent of DMH in Maryland. Social worker will check on how the mother's 7-year old daughter is doing while in her care.

### **60-Day Follow-Up**

1. The social worker spoke with the caregiver regarding the guardianship process. The guardianship motion was filed, and the subsidy was completed. The guardianship was granted, and the agency is awaiting the written final order in the matter.
2. The social worker indicated she had not spoken with the caregiver regarding her younger sister's mental health needs. There is no FACES documentation that anyone spoke with the caregiver regarding this issue.
3. There is no documentation that an agency social worker contacted the birth father in this matter. The social worker indicated that someone must have contacted the birth father as he consented to the guardianship.
4. QSR Specialist contacted the birth mother regarding this issue. The mother reported that while she has had contact with an agency social worker, she has not discussed anger management programs. She commented that she never brought it up to the social worker. She reported she has asked her sister-in-law to help her find a program in the District, as this family member is knowledgeable about social services. The mother did not feel she needed a CFSA social worker to talk with her about her desire for an anger management program, although she still commented that she needed this type of program because she continues "to get mad quickly."

## Quality Service Review Case Summary

### Case #51

**Review Dates:** June 18 - 19, 2008

**Placement:** Pre-adoptive foster home

**Persons Interviewed (10):** Social worker, permanency planning social worker, daycare provider, GAL, administrative reviewer, foster parents, AAG, godmother, mother's attorney

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is a two-year-old African-American female who currently resides in a pre-adoptive foster home, where she has lived for six months. Her permanency goal is adoption.

This case became known to CFSA two years before the review, when the hospital contacted the agency indicating the focus child was born addicted to drugs and was placed in a Neonatal Intensive Care Unit due to her system being compromised. The biological mother was scheduled for discharge the next day; however, the focus child would not be discharged.

#### Child's Current Status

The focus child is doing well. She is in her second placement since entering foster care. According to the adoptive parents, the focus child has adjusted well in her placement and at daycare. They describe the focus child as being "cheerful, funny, smart and clingy." They report the focus child is very cautious and, when meeting people, she tends to remain very close to her prospective adoptive parents until feeling safe. The focus child enjoys having someone read to her; she uses one word descriptions for objects, and she knows the names of her adoptive foster parents and prospective adoptive siblings, as well as their nicknames. The focus child began walking independently at 17 months of age. She is current on her immunizations and visits with the pediatrician. The adoptive parents pointed out that the focus child experiences difficulty when riding a long distance – she gets car sick and vomits. According to the foster parents, this concern was brought to the attention of the pediatrician who expressed no immediate concern. All parties interviewed are in agreement that the focus child is residing in a safe and stable placement that meets her needs.

The adoptive parents and social worker have indicated concern regarding the focus child's speech. They have expressed that it appears the focus child is delayed in some areas of speech; therefore, the social worker has agreed a referral will be made for the focus child to receive a comprehensive speech and language evaluation. While discussing the concern relating to the focus child having visitation with her siblings, the adoptive parents agreed a more concerted effort amongst them, the social worker and relatives must be instituted to ensure that the focus child develops a relationship with her siblings, especially since the focus child and siblings reside with family members who all maintain contact with each other.

### **Parent Status**

The biological mother has not been involved. According to the social worker, the mother is a substance abuser, and up until the day of the review there had not been any contact between them for five months. On the day of the review, while interviewing the social worker, the biological mother called and the reviewers had an opportunity to talk with her. The mother indicated the agency has provided her with necessary services and further stated she is the one who needs to change her habits and do things differently. The mother is aware of the focus child's goal and reports she supports the adoption if she can be assured that the focus child will have visitation with her siblings.

### **Caregiver Status**

The prospective adoptive parents are related to the focus child. They have been very invested in the focus child and are looking forward to the finalization of the adoption. They began the process of becoming licensed as foster parents 15 months before the review and, upon completion of the foster parent classes, began weekend visitation with the focus child two months after they began the licensing process. The focus child moved into their home eight months later and has integrated well within the family and extended family. The caregivers have a strong support system amongst their friends and family. The focus child's godmother is friends with the adoptive mother, and she is very involved with the family and provides support. In addition, the family frequently has family gatherings at their home that include both sides of the family. The prospective adoptive parents anticipate that these gatherings will continue, and they will include the siblings of the focus child, as they recognize the importance and necessity of familial relationships and bonding amongst siblings.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The family has a good working relationship with the social worker. In addition, the prospective adoptive parents are related to the focus child; the placement is stable; and it appears to be a permanent one. Also, the daycare is a positive element of this case – the focus child has adjusted to this setting; the teacher reports she interacts well with the other children; and there are not any concerns at this time. All parties have expressed their satisfaction with the court process. Seemingly, the case is progressing at a rapid pace and teaming is occurring to achieve the goal of adoption in three more months. The team members include the social worker, permanency planning social worker, daycare provider, GAL, administrative reviewer, foster parents, AAG, godmother and mother's attorney. Reportedly, the social worker has maintained contact with team members via telephone, and face-to-face meetings occur with the foster parents and focus child. Subsequently, communication has been beneficial to the success of this case

### **What's Not Working Now and Why**

The biological mother's lengthy absence and lack of contact with family and the Social Worker impacts the status of the goal to move forward because she has not yet consented to the focus child's goal of adoption. In addition, paternity has not been established. To date, three men have been tested but all have tested negative. Another man has been identified but he has not yet had a paternity test.

A frequent theme throughout this case was the confusion amongst parties regarding the role of the permanency social worker. There is some ambiguity of roles that requires clarification as to the tasks of the permanency social worker and the assigned social worker.

### **Stability of Findings/ Six-Month Prognosis**

It is likely the goal of adoption will be achieved in the next six months; the focus child will receive a speech and language evaluation; and the child will begin participating in visits with her siblings. These factors indicate the focus child's continued success is favorable.

### **Next Steps**

1. Social worker to coordinate sibling visitation.
2. Social worker to submit a referral for the focus child to receive a speech evaluation.
3. Social worker to make attempts to talk with the biological mother regarding her consent for adoption.

### **60-Day Follow-Up**

1. The social worker reported that while she has encouraged the child's caregivers and the caregivers of the other siblings to schedule a sibling visit, no such visit has occurred. She stated that the focus child's caregivers have made several attempts for visits, but it seems as though other family members have not scheduled anything concrete (and these other caregivers cannot be mandated to have visits, as their children are out of the child welfare system). The social worker does not feel that the families are ignoring the requests for visits but that "their lives are very busy" and "life interferes."
2. The social worker reported that the referral for the speech evaluation was submitted and the appointment was scheduled for this month through the DC Early Intervention Office.
3. The social worker reported that the mother had been missing again and that usually meant that she was using substances again. During the QSR follow-up interview, the birth mother called the social worker. The social worker asked the birth mother if she was willing to consent to the adoption on behalf of this child. The social worker commented that she would talk with the birth mother's attorney regarding the consent. After the telephone contact with the birth mother, the social worker commented that previously and during this phone call, the birth mother has been very hesitant about discussing consenting to this adoption. The social worker feels uncomfortable obtaining consent from this birth mother due to this unease. She will discuss this problem with the mother's attorney and insist that the attorney obtain the consent so that there will be no question as to the legitimacy of the consent.

## Quality Services Review Case Summary

### Case # 52

**Review Dates:** June 16 -17, 2008

**Placement:** ILP

**Persons Interviewed (6):** Social worker, GAL, ILP case manager, youth, mentor and mother's attorney.

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus youth is a 17-year-old African-American female, who is the mother of a 15-month-old child. She currently resides in an Independent Living Program (ILP), and her permanency goal is APPLA. The focus youth has a twin brother, and they are the second-oldest of eight children, who are currently residing in four separate placements. The two youngest children are residing with their father; the three middle children are currently residing with the mother under protective supervision; and the two older boys are in kinship care with the maternal grandmother. The family has had an extensive history with the agency dating back to 1991. Since that time the agency has received approximately 15 referrals on the family.

The six older children were first removed from their mother's care in 2000 due to allegations of neglect which was substantiated. The case was closed in 2004 when the children were returned to their mother's care. However, in late 2006 a report was received by the hotline, indicating that one of the children was sexually assaulted by her sister's boyfriend; the mother had left the home for about two weeks and her whereabouts were unknown. As a result of the investigation, the allegations were substantiated and all eight children were removed and placed in foster care. The two youngest children were subsequently placed with their father, and their case was closed after a year.

#### Child's Current Status

The focus youth and her child have been residing in her current placement for about six months; this was her fourth placement since entering foster care. There were no concerns regarding the youth's safety, and everyone interviewed felt she was relatively safe. The focus youth is enrolled in high school; however, she is not attending school. Reportedly, she attended school for about a week during the month of February 2008 and has not returned. The focus youth is currently failing the ninth grade for the second time and is suppose to be in the tenth grade. She is not making any progress in her key academics due to her absence. It was reported that two weeks prior to the review, the youth received an Individual Educational Plan (IEP) which determined that she had a learning disability and was entitled to special educational services. With the assistance of her mentor, an application was submitted for admission to an alternative education program that has onsite daycare for her son. The youth's application is pending; if accepted, she will begin school in the fall.

The focus youth has no employment history and is currently not actively seeking employment. The youth attributes her lack of employment to not having daycare in place for her son.

Reportedly, the youth has participated in parenting classes and workshops that are arranged by the ILP to help prepare her for independence. It was reported by most people interviewed that the youth is very responsible and demonstrates good parenting skills. She appears to be very nurturing and affectionate with her son. Additionally, she maintains a clean apartment and takes great care of her son's wellbeing and ensures that he is safe. The focus youth seems to be adjusting well to her current placement and is very compliant with ILP rules, except for rare incidents. She interacts well with the other residents and seems to have a good attitude. The youth could also identify individuals at the ILP to whom she felt she could go for support. She shared with reviewers that she enjoys being a mother. The youth expressed her displeasure at being at the ILP; she would rather return home to her mother. However, she is happy for the opportunity to see her family on a daily basis and has overnight visits on the weekends. Her family lives in the same neighborhood as the ILP. The youth is also maintaining a relationship with her extended family and her son's paternal relatives.

Reportedly, the youth is in good health and receives routine physical, gynecological and dental examinations. Reproductive health is being addressed and the youth is currently taking contraceptives. It was reported by the ILP that the youth often requires frequent reminders to ensure she follows through on her appointments.

The youth's placement at the ILP could possibly endure until she achieves permanence; however, she is not aware or does not understand that her permanency goal is APPLA and believes she will be returning home to her mother in the near future. Based on the interview that reviewers had with the youth, it was clear that she did not wish to remain at the ILP and views her current placement as temporary. The youth did not describe strong rapport with her social worker and therefore has not addressed her concerns to the social worker.

### **Parent Status**

Reviewers were unable to interview the mother but were able to obtain information from the participants interviewed, who spoke highly of her. Reportedly, the birth mother has a long history of substance abuse and is currently participating in treatment. She is also involved in mental health services and is on medication for depression. It was reported that the mother is compliant with services and receives weekly drug testing. Reviewers noted that the mother had an unfortunate setback earlier this year when she had a stroke and was hospitalized; however, she has since recovered and reportedly is doing well. Three of the focus youth's siblings are currently residing with the mother under protective supervision. The birth mother and the youth seem to have a very close relationship and see each other on a daily basis. Reportedly, the mother still has a strong influence on the youth and remains involved with the youth's case.

According to documentation in the record, there is no birth father identified for the focus youth, and DNA is still pending.

### **Caregiver Status**

The ILP staff appear to be providing adequately for the youth's physical wellbeing and are providing the youth with training and seminars in preparation for independence. It was reported by ILP staff that they keep track of all the youth's appointments, such as medical or other related appointments, to ensure that she is keeping up with them. The program is also very involved with

the youth's case plan and includes the youth in the preparation of her treatment plans. The ILP also maintains contact with the youth's social worker. There are individuals identified at the ILP who are available to the youth to provide support as needed.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The youth is in a stable placement. Due to the proximity between the youth's family and the ILP, she is able to visit on a regular basis, including overnight visits on the weekends. Maintaining this family connection has impacted positively on the youth's adjustment and her emotional wellbeing. Based on the interviews conducted it was evident that there was teaming on the case. Although there was some inconsistency among team members, it was clear the social worker was coordinating and leading the case. Everyone interviewed seemed to rely on the social worker's leadership and valued her opinion.

The youth is actively participating in the services provided by the ILP and seems to be progressing fairly well. The mentoring service seems to be very beneficial to the youth and the mentor has been instrumental in the application process for the youth's possible new school placement. The youth also seems to have a good relationship with her mentor.

### **What's Not Working Now and Why**

The youth has a permanency goal of APPLA; however, she believes her goal is reunification. This could be attributed to the fact that she visits with her mother and siblings on a daily basis and has overnight visits on the weekends. Furthermore, the youth believes that her current placement at the ILP is temporary. All but one team member interviewed could not give reviewers a clear explanation as to why the youth's goal was APPLA and not reunification. At the time of the review, reviewers noted that the youth was the only one of eight children that were initially removed who was not residing with a family member.

The youth is currently not in school and has not been in school for a while; she is also unemployed and has no employment history. Team members seem to have a different understanding regarding the status of the youth's upcoming new school placement. The ILP did not seem to be involved with the youth's educational placement and was unclear as to the status. It was reported that the main reason the youth was not in school and was not employed was due to the fact that she needed day care services for her son. However, there was no indication that anyone tried to expedite the day care services for the youth to ensure that she was meeting her educational and life skill needs. Additionally, the youth does not participate in Center of Keys for Life, which could assist her in obtaining the necessary tools needed for independence.

According to documentation reviewed, it was indicated that there was someone identified as the youth's father, however, DNA was pending. Although this information was documented, reviewers were told conflicting information by the parties interviewed. Thus, the reviewers got the impression the agency did not make concerted efforts to get a positive identification of who the father of the youth was and to include that individual in the case planning process.

**Stability of Findings/ Six-Month Prognosis**

Based on the review findings, over the next six months the child's situation is likely to remain status quo. In order for the child's status to improve, the youth's goal would change from APPLA to reunification, and steps would be taken toward the youth returning home to the mother under protective supervision.

**Next Steps**

1. Social worker to schedule a meeting with key team members, including the youth and birth mother, to discuss the youth's permanency goal and provide clarification for team members. Team should address the appropriateness of APPLA versus reunification, taking in consideration the relationship between the youth and the mother.
2. Social worker to ensure that day care services for the youth's child is expedited.
3. Social worker should make a referral to the diligent search unit requesting assistance in locating the identified father.
4. Social worker to follow up with ILP to ensure that they are assisting the youth with her job search.

## Quality Services Review Case Summary

### Case # 53

**Review Dates:** June 10, 2008

**Placement:** Pre-adoptive specialized foster home

**Persons Interviewed (5):** Community support worker (CSW), social worker, foster mother and foster father, focus youth

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus youth is a 19-year-old African-American male who is residing with his twin brother in a pre-adoptive home in Maryland. His parents were deceased by the time he was eight, and he subsequently lived with his grandmother until his early teens. Six years ago, he came into care after his grandmother suffered a stroke and was unable to care for the boys. Three years ago, after residing in several group homes, the focus youth and his twin were taken in by a man who had worked at the group home and his wife; they became licensed foster parents specifically to care for the twins. Both foster parents are educators.

The focus youth is a lovely young man who is doing quite well and is on track to obtain a college degree in the next two years. He is engaging, with a bright affect, and was a pleasure to interview. As his foster parent noted, it is evident that he has had the benefit of strong, competent and loving parenting from a very early age.

The twins have remained quite stable in the foster home for the past several years. The permanency goal has been changed from Another Planned Permanent Living Arrangement to adoption with a plan for adoption finalization this year. The social worker noted that there was a recommendation to the foster parents to delay the adoption due to service elimination. However, the foster mother states they are interested in adopting the twins as soon as the court will allow this to occur. The foster parents are clear about the benefits to the focus youth of having a life-long family and are moving ahead as expeditiously as possible.

#### Child's Current Status

The focus youth is experiencing significant success in his education. He graduated from high school and has gone onto a local college, where his grades are respectable. He will be a junior next year, is majoring in history, and wants to go on to teach high school history courses. He is also excelling in his connectedness to his church. The focus youth is a junior deacon and will be attending a retreat for a week this summer. The foster parents state the church has embraced the entire family and sees it as their mission to make sure the twins are supported. This is evidenced by the church's insistence on holding a memorial service for the twins' grandmother who passed away in December 2007.

Areas where the focus youth is more challenged include employment and peer group relations. While he has worked previous summers through the Mayor's summer youth employment

program, he has chosen not to do so this year. He would like to obtain employment closer to his home, but there are limited efforts underway to make this a reality. Employment assistance available through CFSA is not being utilized to support his efforts, which have included submitting a few applications at fast food establishments. Creative efforts to connect the youth with employment or internships that will help him further his goal of teaching history are not being considered. Establishing strong relationships with peers is a challenge for the youth. All team members noted that he tends to avoid these connections and prefers to play video games and hang out in his room during his spare time.

The focus youth is healthy but struggles with weight concerns. This has been addressed on his treatment plan for some time, and there have been mixed results in weight loss efforts. He also has allergies and eczema, which are both under control. He receives regular health check ups. The focus youth is currently wearing braces and has been trying to take responsibility for seeing the dentist on a regular basis as part of his taking on additional independence. Unfortunately, he missed his most recent dental appointment and has yet to reschedule it.

### **Parent/Caregiver Status**

The caregivers identified the twins themselves through the father's previous work at a group home and then followed through and became foster parents to support them. They have kept the focus youth and his brother highly stable and will adopt them this year as they turn 20. This is a forever family for two young men, one of whom has greater challenges than the other. It is a fabulous example of what can happen for a youth who could not be reunited with his own biological family.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The Department of Mental Health has been involved with the focus youth since 2005. At that time, the foster parents were concerned about his tendency to isolate himself from peers and spend time alone in his room. An assessment was completed, and he was diagnosed with Adjustment Disorder NOS, generally a short-term diagnosis that relates to situational concerns. A subsequent evaluation recommended against medication; a therapist and a community support worker were assigned. The therapist's involvement ended over a year ago as all team members believed the youth did not need this level of intervention. The same community support worker (CSW) has remained active with the youth for three years, visiting him once weekly. The CSW and he have a strong relationship, and this support has been beneficial to him over time. However, there has been no reassessment of need, and it was unclear to reviewers the purpose of this therapeutic intervention other than helping him maintain a quite high level of functioning. The formal supports involved with the youth include a mentor and a tutor, in addition to the CSW and the social worker. Additional formal supports are likely available to him through the University of the District of Columbia where he is in school. This constellation of supports, including his foster parents and church community, has obviously achieved impressive results with the youth. The array of services pulled together for the youth has been successful in supporting him towards the successful outcomes being achieved.

The youth and his twin will likely achieve permanence within a year. He has strong community supports in his church, which will continue to support him once permanence is achieved.

### **What's Not Working Now and Why**

The youth is in a therapeutic placement, meaning the foster parents receive a “therapeutic” level of payment for their support of him. While this level of support may have been important at the time of the twins’ transition to the foster home, the youth no longer requires this higher level of care. Coupling this with the DMH involvement that may no longer be necessary, the youth is receiving significant financial involvement from the District while functioning at a level that requires only maintenance assistance.

Despite the involvement of numerous team members, there is a lack of authentic and goal-oriented coordination among them. The team formation and functioning is relatively limited. There has never been a meeting of all of these team members and while there is a shared understanding and a long term view, the team functions in a disjointed manner. The CSW sends a copy of his plan to the social worker for signature, but the CSW reports he does not have a working knowledge of the social worker’s case plan. Most importantly, the youth is doing so well that he should have long ago been placed as the leader of this team with a focus on regularly meeting to develop one plan that will help him to achieve both permanency and skill development for independence. To emphasize this point, the only question the youth asked of the reviewers was “What’s going to happen when I turn 21?” He remains a bit ambivalent about the adoption primarily because the important formal supports in his life (CSW and social worker) are not talking with him about the critical importance of having a forever family. Nor are they searching out creative activities or dialogues to help him better understand what adoption will mean when he’s 30, for example. Additionally, he is not clear about how the current supports will transition and/or end as he achieves permanency or turns 21.

### **Stability of Findings/ Six Month Prognosis**

The youth’s current status is expected to remain status quo.

### **Next Steps:**

1. Convene regular team meetings with the youth in the lead to ensure there is a clear road-map to the adoption and adulthood. Develop one plan shared by all team members that lays out what each person is to do to support the adoption and the development of independent living skills with an emphasis on:
  - a. Clarity for the youth about the importance of adoption and resolution of his ambivalence
  - b. Securing meaningful employment for the youth that will further his goal of becoming a history teacher
  - c. Connecting the youth to a peer group that is supporting and positive
2. Ensure there is a logical transition of the services and supports the youth is receiving prior to and once the adoption is achieved. It is imperative that he understand when, how, where, and why services and supports change as he moves toward adoption and adulthood. This clarity cannot be achieved outside of a team environment in which all team members are equally clear and participatory in this discussion.

## Quality Service Review Case Summary

### Case # 54

**Review Dates:** July 14 - 15, 2008

**Placement:** Adoptive home

**Persons Interviewed (7):** social worker, supervisor, youth, adoptive parent, AAG, GAL, and Administrative Reviewer.

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus youth is a 14-year-old African-American male, who resides with his adoptive father and two biological brothers, who were also adopted. The youth's birth parents consented to the adoption. The adoption was finalized approximately one month prior to the review; however, at the time of scheduling the review the neglect case was still open. The youth has seven brothers and sisters. As previously stated, he resides with two younger brothers. One sister was adopted. Three children reside with the birth mother, and one brother resides with his father.

The focus youth came to the attention of the Child and Family Services Agency (CFSA) in 2001 due to a report of unsafe living conditions in the family home. The children had also missed multiple weeks of school at a time and were changing schools constantly. The case was petitioned in DC Superior Court. Although CFSA requested removal, the Court denied the request. Extensive efforts were made to assist the mother with maintaining her children in her home. Reportedly, all efforts failed and the children (the youth and three siblings who were residing in the home at the time) were removed in 2004.

Case management for the focus child was provided and supervised by CFSA. Even though the youth's adoption has been finalized, the agency is still providing assistance to the family on minor last-minute tasks.

#### Child's Current Status

The focus youth is described as polite, friendly, handsome, helpful, and adaptive. He commented that he is athletic, helpful, and a "nice kid." One team member commented that while the youth initially presents as a shy young man he has the ability to move into new situations with new people, strike up conversations and make friends.

The youth has resided in his adoptive home for approximately one year. This was his second placement in two years; yet, as an adoptive home this was a planned move towards permanency. He is placed with two of his younger brothers. Reportedly, the three boys have an appropriate sibling relationship. The team indicated that the youth exhibits mostly age-appropriate behaviors in the home. Reportedly, most of his previous challenging behaviors, such as bedwetting, have drastically decreased since residing in this adoptive placement, and team members are greatly impressed with the progress this young man has made in such a quick time period.

The focus youth attends a full-time special education school where he was on the honor roll last semester. The educational piece has been a major task for this team and, while most of the issues were dealt with prior to this review, they are still dealing with residual concerns. The youth has a current diagnosis of Mentally Retarded, and he was placed at a school that works with students with this diagnosis. Once the adoptive father reviewed the youth's IEP and visited this special education program he disagreed with the placement because his impression was that the youth was not being challenged academically. After multiple IEP meetings, the youth was placed in a more challenging academic program where he has "blossomed" academically. He has maintained honor roll status and has made tremendous progress on his IEP. The team is still working on having the youth re-evaluated as they believe that his diagnosis is may be a learning disability and not mental retardation. The youth was scheduled to be re-evaluated the day of the review and an IEP meeting would be scheduled after those evaluations were received.

The social worker and the caregiver indicated that the focus youth has current medical, vision, and dental evaluations. There were no medical issues identified, and he does not take any medications.

Individual and family therapy were terminated as the youth reached his therapeutic goals. The social worker and adoptive parent agreed with the decision to terminate therapy for the young man. The team believes that should the need arise the adoptive father would immediately identify a community resource to address the youth's needs.

### **Parent Status**

The birth mother consented to the adoption. Reportedly, she is married and has three biological children with her at home. It was said that she loves her children and it was believed she may keep in contact with the adoptive parent.

The birth father is presently incarcerated in a federal prison out of state. He consented to the adoption. He too has the contact information for the adoptive father. He has not contacted the youth or his adoptive parent since consenting to the adoption.

### **Caregiver Status**

The team had nothing but praise for the adoptive parent. He provides for all of the focus youth's physical, mental, and emotional needs. He provides him with appropriate supervision in the home and community. Team members provided multiple examples of the adoptive parent's skill as an advocate for the youth and his brothers, especially around their academic and mental health needs. The adoptive father and the youth appear to have a positive bond. The adoptive father smiled when he described the youth and talked about his strengths. Even when discussing the youth's challenges, he did so in a respectful and caring manner. The youth refers to his adoptive father as "dad." The adoptive father refers to the youth as his son. He commented, "when I saw [the youth] and his brothers on Wednesday's Child I claimed them as my own."

The adoptive father sees the value of maintaining family connections for the youth. He has agreed to maintain written contact with the birth parents through a post office box. He has agreed to send pictures and updates about the children. He encourages the youth to have telephone contact with a younger sister who was also adopted. He works with that child's

adoptive parent in order to maintain visitation between the children, especially around birthdays and holidays. Additionally, the adoptive father has expressed a willingness to maintain occasional face-to-face contact among the youth, his mother, and the three siblings who reside with her. He will supervise visitation as appropriate.

## **SYSTEM PERFORMANCE APPRAISAL SYMMARY**

### **What's Working Now**

All areas of this case were seen as strengths. The social worker and the adoptive father were seen as the team leaders and worked together as effective advocates for the youth as demonstrated in the focus youth's change in his educational setting, obtaining new educational/psychological evaluations, and an overall improvement in his behavior. Team members spoke very highly of the social worker and the high quality of work that he put into this case. Almost all of the right people were a part of the team at the appropriate stages of the case. The birth mother and father consented to the adoption and participated in mediation regarding the adoption. It appears as though the social worker made efforts to engage the father at different times until his consent was given. According to several team members, the youth's educational advocate was not as active in the case as desired. It appears as though the team forged ahead effectively without his presence at key meetings; however, as the educational advocate he should have been a major part of addressing the youth's educational needs.

Team members made consistent efforts to engage the youth and his adoptive parent. There was excellent outreach efforts used to build rapport and a working relationship. The social worker reviewed the written case plan with the youth and his adoptive parent. Team members had a comprehensive and accurate assessment of the youth; his history, his current status, and his future needs. Necessary conditions for safe case closure were fully interpreted and understood by the team. Services that had been historically implemented were consistently evaluated by the social worker and adoptive parent. From the ongoing assessments, various services were terminated and alternative plans were put into place. An example of this ongoing assessment of services can be seen in the area of tutoring. The adoptive parent had identified a tutoring program for the youth that he thought would be effective. After observing the youth and his brothers at this program, the team decided that the program was not providing adequate tutoring. The adoptive father took the boys out of the program and started doing extra work with the youth daily. Remarkably, the youth had been on the honor roll three times.

Pathway to safe case closure was optimal. The birth parents consented to the adoption. The adoption was finalized within eleven months of the youth's placement in the adoptive home. The adoptive parent indicated that he had an "outstanding experience with CFSA the whole way through the adoption process."

Maintaining family connections on behalf of the youth is a major strength. The adoptive parent has opened a post office box so that the birth parents can maintain written contact with the youth and his brothers. As long as the letters and pictures are appropriate, the boys will be encouraged to have contact with their parents. The adoptive parent has also agreed to send the parents school pictures as long as the parents keep him updated on where they reside. The social worker believes that this contact with the parents will be beneficial for the youth and his brothers as they

age. The adoptive parent has developed a working relationship with the youth's sister's adoptive parent. The siblings have telephone contact and occasionally visit each other, especially around birthdays and holidays.

Post-permanency supports were put into place. The social worker is still working with the family regarding several issues in order to have all items dealt with prior to closing the cases. The adoptive parent indicated that he has an extensive support network of friends and family. He is able to identify community resources on his own. He has been made aware of the post-permanency services provided by the agency and the agency's contracted post-permanency program.

**What's Not Working Now and Why**

There are no challenging areas in this case, especially since permanency has been achieved, post-permanency supports are in place, and family connections are being maintained.

**Stability of Findings/ Six-Month Prognosis**

Based on the fact that the adoption has been finalized, and that the adoptive parent is such a strong advocate for the youth, it is expected the youth's status will continue to improve.

**Next Step**

As the adoption in this case has been finalized, there are not any next steps for this case.

## Quality Services Review Case Summary

**Case # 55**

**Review Dates:** July 16-17, 2008

**Placement:** Pre-adoptive home

**Persons Interviewed (5):** Social worker, pre-adoptive mother, focus child, AAG and GAL

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is a seven-year-old African-American male, who is currently residing in a pre-adoptive home with one of his brothers, age thirteen. He and his brother have been in this home for 10 months. The family has had an open CFSA case since 1994 and has had approximately 11 child abuse and neglect investigations. The focus child was removed from his mother's care in April 2003 due to neglect as a result of mother's heavy alcohol and substance abuse.

The focus child has seven siblings: four sisters, ages 26, 22, 20 and 2; and three brothers, ages 17, 15 and 13. His adult sisters are said to be residing with their mother. His eldest brothers are thought to be in the guardianship care of relatives. His youngest sister is currently in a kinship placement with one of mother's relatives. While the focus child has had a goal of adoption for some time, he and his brother have monthly, court-ordered, supervised visitation with their mother. The mother is responsible for making and keeping visitation appointments. She missed two monthly visits for the year thus far but has participated in four. The visits with the mother used to include their older sisters. Visits with the sisters ceased due to them saying things to the focus child that were inappropriate regarding his placement and physical appearance, which negatively impacted him. The focus child has had no visits or contact with his older brothers, who live with other relatives, or with his younger sister in care. Those interviewed did not believe that the focus child was aware of the existence of his brothers or his younger sister.

The man first identified as the focus child's father had a paternity test which proved he was not the father. Mother then reported that the focus child's father is the same as his 13-year-old brother; this man is deceased. The parental rights of the unknown father were terminated in court, and mother consented to the focus child's adoption.

The focus child has received therapeutic services weekly from an adoption services agency for 10 months. The therapist works with the focus child and his brother. The main therapeutic goals are to monitor and address the focus child's adjustment to the pre-adoptive home. The focus child has no DSM-IV diagnosis and is not on medication.

#### Child's Current Status

There are no safety concerns in the pre-adoptive home or at the child's school. The focus child gets along very well with other children in his school and was described as being very social. There have been no reports of fighting or misconduct. The focus child has experienced instability regarding foster care placements for over two years. His current placement has been

stable for one year now. All parties interviewed expect for the focus child's adoption to be finalized within the next 60 days.

By all accounts he seems to be adjusting well to the home and gets along with the pre-adoptive parents' biological children in the home, ages 16 and 13. Those interviewed stated that the focus child has grown attached to this family being very affectionate towards his pre-adoptive parents, calling them mom and dad. He was described as a very bright student, receiving satisfactory mark in all of his subject areas for the first grade. He participates in a number of sports activities such as soccer, basketball and swimming.

The focus child is healthy, with no medical problems or concerns. He is up to date with his vision, dental and medical exams.

### **Parent/Caregiver Status**

Those interviewed stated they felt confident in the pre-adoptive parents' ability to care for the focus child and his brother. Interviewees expressed no concerns in regards to the level of care being provided by the pre-adoptive parents. The pre-adoptive mother is a stay-at-home mother and is very involved in all of the children's schools and extracurricular activities. The pre-adoptive family is Caucasian. The pre-adoptive mother has made a conscious effort to enroll the focus youth in a school where the principal is African-American, and switched to a church that had more African-American members. Therapy for the focus child is not mandated, but she plans on having him continue with therapy post-adoption. His current therapist is Caucasian, and the pre-adoptive mother and some other interviewees felt the focus child could benefit from having an African-American therapist. The pre-adoptive mother appears to be very observant and has a keen understanding of the focus child's needs and has proven to be resourceful. For example, she researched and identified a new therapist on her own. Interviewees stated that she treats the focus child as if he were her biological son. She is seen as a key team member. Her opinions are heard, respected and incorporated into case planning.

The pre-adoptive parents are interested in having the focus child and his brother maintain some level of contact with their birth mother. They ensure that the children are present for all visits with their birth mother. The pre-adoptive mother has expressed that she feels maintaining this link will be helpful to both boys, but especially to the focus youth's brother, who is older and has more of a connection to his family.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The social worker has a great assessment of the focus child's needs. While the case has only been assigned to her for approximately six months, she has been able to move it towards permanency in an expeditious way. Team members described her as responsive, thorough and actively working on the case. Her reports were described as comprehensive and detailed. The social worker was described as a good leader in the case who communicates as needed with all necessary parties.

Those interviewed reported they were satisfied with the pace of the court case and felt that the judge makes fair decisions. The attorneys on the case also have respectful communication with each other. Reports are submitted to court well in advance. All team members, including the pre-adoptive mother are aware of the case plan and next steps toward achieving the permanency goal. Team members all agree that there are no concerns regarding this adoption and they expect it to be finalized within the next 60 days without incident.

### **What's Not Working Now and Why**

While the pre-adoptive parents are interested in having communication continue between the focus child, his brother and mother, there appears to be no clear plan for how they can facilitate this as the agency has always had to supervise visits.

Connection to mother is appropriate as ordered by the court; however, the foundation for future connections has not been created. The focus child has a younger sister who is also in foster care, and there have been no visits between them. The focus child has not expressed a desire to visit with this sister, however team members believe that he may not have any knowledge of her. Also, the current whereabouts of the focus child's older brothers are unknown; they are in guardianship care with relatives.

### **Stability of Findings/Six-Month Prognosis**

It is anticipated that the focus child's status will improve, as this case is expected to achieve permanency within the next 60 days. There are no outstanding issues or concerns that would delay finalization of the adoption which is expected to occur in September.

### **Next Steps**

1. Develop a visitation plan in conjunction with the adoptive mother, birth mother and a representative from the post adoption support agency. This plan should include concrete, detailed strategies for setting up supervised visitation/communication between the focus child and the birth mother.
2. Complete the Life Book and give it to the focus child with information regarding his family of origin (names, ages/D.O.Bs)

## Quality Services Review Case Summary

### Case # 56

**Review Dates:** July 16 - 17, 2008

**Placement:** Foster home

**Persons Interviewed (6):** Social worker, foster parent, focus child, AAG, administrative reviewer, GAL

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is a 19-year-old African-American female who currently resides in a foster home, where she has lived for the past fourteen months. Her permanency goal is Alternative Planned Permanent Living Arrangement (APPLA).

This case became known to CFSA in March 2002 after the maternal aunt contacted the agency indicating she could not continue to provide care for her nieces and nephews. Reports indicate the family had been residing with the aunt since the death of the biological mother in 1998.

#### Child's Current Status

The focus child is doing well. She is currently employed at a recreation center where she works as a camp counselor with the summer youth employment program. The focus child is residing in a stable and safe placement, and she has an excellent relationship with her foster parent and refers to her as "ma." She attributes her success to her foster mother indicating "she helped get me stable and this is where I want to be." Prior to moving in her current placement, the focus child had a history of absconding frequently for long periods of time. Upon moving in the foster home, the focus child was committed to her academics; subsequently, she attended day school as well as night school and graduated from high school the month before the review. She currently has aspirations to attend college and major in nursing. She has obtained the necessary forms to register for college and is working with her social worker along with a representative from Keys for Life to ensure she is on track for successful admission to the college she has identified.

The focus child is current on medical screenings and has appointments scheduled within the next 30 days for vision and dental exams. She is being counseled on sex education and birth control options and thus far has been demonstrating responsible behavior as it relates to personal choices. She is implementing life skills learned by having a savings and checking account and consistently depositing monies into her savings account. The focus child and foster mother reports she is being disciplined about saving. In addition, she has chores around the home and admits that although they are not always completed independently they are done when reminded.

#### Parent Status

The biological mother died ten years ago. The social worker indicated the father is deceased; however, the focus child indicated she visits with her biological father periodically. According

to the focus child she maintains contact with her father more frequently since he was released from jail.

### **Caregiver Status**

The foster mother is very involved with the focus child and is a strong advocate for the achievement of her goals. The foster mother's advocacy was demonstrated through her tenacity and determination to ensure the focus child graduated from high school. She encouraged the focus child to attend day/night school and closely supported and cheered her through graduation. The focus child gave a special acknowledgement to her foster mother by writing a thank you letter in the graduation book. For prom the foster mother again relied on her advocacy skills and contacted the local police department to have the block on her street closed so the focus child, her son and other neighborhood children could remember their prom as a memorable event. In addition, they had the opportunity to stride down the street, literally receiving red carpet treatment, with bright lights and a limousine waiting. The social worker and focus child praise the foster mother for her support and love. It was reported that the foster mother has game night weekly and family meetings every Sunday for the focus child and her children. The focus child indicated she feels very loved and welcomed and is definitely a part of the family because of the foster mother's engagement and ongoing support to the point where she is an integrated member of the family.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The focus child and foster parent have a good working relationship with the social worker. They all work together to achieve identified goals. In addition, the focus child is in a stable and safe placement, and she has an excellent relationship with the foster mother. The fact the focus child graduated from high school despite a strenuous schedule is noteworthy. She is currently employed and is excited about attending college in the fall. The focus child is healthy and is demonstrating responsible behavior. She attends Keys for Life and is implementing necessary life skills daily by going to work as scheduled, maintaining chores, learning financial responsibility and utilizing advocacy skills as needed.

All parties have expressed their satisfaction with the court process. They report the assigned judge is respectful of the recommendations and each have a voice during court proceedings. The team members in this case include the social worker, focus child, foster parent, GAL and AAG. Reportedly, the social worker has maintained contact with team members via telephone, and face-to-face meetings occur with the foster parents and focus child. The focus child and foster parent are active participants regarding the development of goals and case planning. It was evident that this team communicates fluently to obtain goals and ensure successful outcomes for the focus child. Subsequently, the communication, team functioning and case planning efforts in this case have been beneficial to the success of this case

### **What's Not Working Now and Why**

The one area that needed improvement was engagement with the biological father. There were no outreach efforts made towards the father. The social worker indicated the father was

deceased, but the focus child reported she talks with her father daily and visits with him at her discretion.

### **Stability of Findings/ Six-Month Prognosis**

The focus child will attend college and continue to have the supportive and encouraging relationship with the foster parent. Seemingly, maintaining this relationship is important to the continual stability and ongoing success of the focus child. As the focus child prepares to transition from the foster care system, timely transition meetings with all involved parties will be essential. These factors indicate the focus child's continued success is favorable.

### **Next Steps**

1. Social worker to make efforts to engage the biological father via telephone and /or visit with the focus child.
2. Social worker to ensure focus child submits paperwork to Keys for Life for enrollment in college.
3. Social worker to ensure focus child meets with the Keys for Life educational specialist to make certain her process for college enrollment and financial assistance is completed.

## Quality Services Review Case Summary

### Case # 57

**Review Dates:** July 16-17, 2008

**Placement:** Independent living program

**Persons Interviewed (7):** Social worker, birth mother, ILP case manager, youth, GAL, AAG and administrative reviewer.

### CHILD & PARENT STATUS SUMMARY

#### Family History

The target youth is a 19-year-old African-American female who is the mother of a six-month-old son. Her permanency goal is APPLA, and she is residing in an Independent Living Program (ILP). The youth and her family initially became known to the agency in 1993. A complete history of the family's situation was not available due to the fact that this occurred prior to existence of the current data base. However, later documentation and people interviewed indicated that the agency received a report stating that the mother was a substance abuser and posed a threat to the youth's safety. It was unclear as to whether the youth was removed immediately and placed with her Godmother; however, documentation indicated that in early 1994, the youth was legally placed with her Godmother through the court.

The godmother's home was later licensed as a kinship provider. However, in 2004 the agency received a report regarding physical abuse by another adult in the Godmother's home; this allegation was substantiated, and the youth was subsequently placed in a group home.

#### Child's Current Status

There are no concerns regarding the youth's safety in her current placement or the community. She graduated from high school in 2006 and attended a local university, where she did not do well academically and did not return after one year. The youth is currently not enrolled in school, but it was reported that she is expected to enroll in a computer training program within the next two months for the upcoming school year. The youth has been in three placements within the past two years and has been residing in an ILP teen mother program for approximately eight months. Reportedly, she is up to date with her physical and recently started a form of birth control. It was also reported that the youth has not had a dental examination in over a year. The youth's son seems to be in good health, and the focus youth is reportedly a good mother to him. The youth was very affectionate and caring towards her son during the interview.

The focus youth has a close relationship with her family and visits with them on a regular basis. She receives a lot of support from her family, especially her mother, whom she turns to whenever she is in need. The youth seems to be adjusting well to her placement with some minor difficulties. She expressed that she does not get along with her case manager; however, there are staff available to her in case she needs to speak with someone at the program. Additionally, the youth has a known anger problem but is not receiving individual therapy to address these issues. It should also be noted that the youth's mother was diagnosed with a terminal illness, which

would be devastating to the youth, should her mother die. Fortunately for the youth, the ILP provides an onsite therapist with whom the youth has been meeting with as needed. However, the onsite therapist is not there for just the youth and therefore does not provide consistent weekly sessions with the youth, which would be more beneficial to her in addressing her emotional needs. Everyone interviewed indicated the youth lacks motivation and therefore is not making any effort to improve her status. She is not making any progress in achieving her goals and preparing for independence. She has participated in life skills work shop at the program, including a parenting workshop. The youth has not taken advantage of programs offered by CFSA's Center of Keys for Life. Reportedly she has not taken the responsibility to ensure that she has child care for her son in order for her to attend school or work. As a result of her actions, she is currently not in school and, although she is employed by the Summer Youth Employment Program (SYEP), the youth is not going to work due to child care issues.

The focus youth can remain in her current placement until she turns 21 and her case is closed. Once she complied with the ILP requirements, the program will transition her into her own apartment. The youth's strong support and relationships with family and friends will likely contribute tremendously to her success once the case is closed.

### **Parent Status**

The birth mother resides in a transitional living program in a one-bedroom apartment, where the youth has overnight visits on the weekend. The mother has a close relationship with the youth and provides support to her as needed. The mother appears to be very concerned about the youth's progress or lack of progress while in care and the services that she was lacking. Reportedly, the mother felt as though she was not being included in the case planning process, believing she had not been recognized as a changed individual and was being judged by her past. Apparently, the mother has a long substance abuse history dating back to when the target youth was a toddler; however, she has been clean for the past six years and is also dealing with a terminal illness. The mother currently has both a full-time and a part-time job and has been at the full-time for about two years. The mother indicated dissatisfaction with the worker and the services she was providing to the family.

### **Caregiver Status**

The ILP provides the youth with a studio apartment for both her and her son; it was observed to be spacious and contained all the necessities the youth needed for her and her son. The program ensures that the youth's emotional needs are being met by providing onsite therapeutic services. Additionally, the youth is assigned a counselor, with whom she can speak to whenever there is a need. Reportedly, the program participates in meetings with the agency to evaluate and assess the youth's progress towards her goals and to plan appropriate interventions.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The youth shares a close relationship with her mother, sibling and extended family members. She is able to address her concerns and deal with her anger problems through the onsite therapist at the ILP. The GAL on the case has been on the case since the beginning (1993), and shares a close relationship with the youth and seems to have a good understanding of the youth and

family. Team members are able to discuss issues with the GAL, who is very vocal in redirecting the youth and is able to deescalate the youth whenever necessary. The social worker and ILP staff have been working closely to ensure that the youth is provided with the necessary information and guidance to obtain the services needed for her son.

### **What's Not Working Now and Why**

Although the social worker has a relationship with the youth, she was not able to get the youth motivated to work on her goals. It was clear that team members' intention was to provide the youth with the necessary information, but allowed the youth to be responsible in following through on the necessary task in order to accomplish her goals. However, this is not working and in the mean time, the youth is at a standstill. Team members did not explore alternative ways or options in trying to get the youth motivated. Reviewers were informed that although the youth is not physically going to work, she is still being paid as though she is going to work. This is a systemic issue that significantly contributes to the youth's lack of motivation, as she does not have a reason to expedite day care services for her son, when she could stay home and receive a paycheck.

The target youth is in desperate need for individual therapy for various reasons, most significantly, her lack of motivation. Furthermore, she need to start addressing grief and loss and coping mechanism as she deal with her mother's illness.

### **Stability of Findings/ Six-Month Prognosis**

Based on review findings, over the next six months the child's situation is likely to remain status quo. In order for this case to improve, it would require team members to re engage with the birth mother to get her on their side and then together try to get the youth motivated.

### **Next Steps**

1. The social worker should re-engage with the birth mother and invite her to the next administrative review meeting.
2. Team members to address the youth's lack of motivation and lack of progress in achieving her goals as it relates to the following issues:
  - a. Education
  - b. Employment
  - c. Therapy – grief and loss

## Quality Services Review Case Summary

### Case # 58

**Review Dates:** July 14 -15, 2008

**Placement:** Independent living program

**Persons Interviewed (7):** Social worker, GAL, AAG, ILP case manager, CKL worker and mentor.

### CHILD & PARENT STATUS SUMMARY

#### Family History

The target youth is a 19-year-old African American female, who is currently placed in an Independent Living Program (ILP), where she has her own apartment. The youth's permanency goal is APPLA. The target youth and her family initially became known to the agency in 2000, when a report was received indicating that her parents were involved in a domestic dispute and were both arrested. The youth and her two older siblings were placed in the care of an adult sister. In 2001, the agency received a report against the adult sister for physical abuse of one of the children. Based on an investigation, the allegation of physical abuse was substantiated, and the children were removed and placed in foster care. It should be noted that the target youth's parents were actively using drugs and therefore were not a placement option for the children.

#### Child's Current Status

There are no concerns regarding the target youth's safety at school; however, there is concern for the youth's safety whenever she visits with her mother. Reportedly, the mother is actively using drugs and often has strange people visiting her home. Due to these strangers inappropriate behavior towards the youth, she does not feel comfortable visiting her mother's home. The focus youth has been residing in her apartment for approximately three months and seems to be adjusting well to having her own place; this is her third placement within the last two years. All placements were planned, and culminated with the youth living independently in her current apartment. The youth is a high school graduate and is enrolled in a nursing program at a local university. She has completed her first year with honors and is currently enrolled in summer classes, because she would like to complete the program early. Reviewers were informed that the youth was expected to receive an award for her academic achievement at the end of the review week at an award ceremony given by the agency. The youth is employed, just starting her current employment a few days prior to the review. However, she has maintained employment with another company for almost a year and only changed jobs for financial advancement.

The focus youth appears to be very intelligent, articulate and goal oriented. Not only is she a college student and employed, but she is also very active in the Center of Keys for Life (CKL) and participated in all the activities, including writing for the youth journal. The focus youth is progressing well in her ILP and was reported to be very compliant and responsible. One person interviewed commented that the youth is a leader amongst her peers and is very mature for her age. In regards to her life skills, it was reported that she needed some improvement with her finances and budgeting. The target youth has a mentor, who has been with her since she was 12

years old. Shortly after the mentor was assigned to the youth, she resigned from the mentoring job; however, she continued to be the youth's mentor. They both share a close relationship and the mentor provides the youth with support as needed. The youth is also in good health and is current on her physical, dental and vision.

Unfortunately, although the youth seems to be progressing well, there are concerns that she may be experiencing some depression due to her parents' current substance abuse activity. Reportedly, her mother is actively using drugs and her father is an alcoholic. Reportedly, her parent's lifestyle is very problematic for the youth and seems to be affecting her emotional wellbeing. Nevertheless, the youth receives a lot of support from her family and shares a close relationship with not only her immediate family, but also her extended family. Additionally, she also has some close friendships and receives support from her friends. She is well-connected to her support system and has people in her life on whom she can rely once the agency is no longer in her life. The youth will remain in her apartment through the ILP until she reaches age 21 and her case is closed. The youth was described by all who was interviewed as someone who was extremely focused, driven, self-sufficient and is expected to be successful after her case is closed.

### **Parent Status**

The birth mother has a history of substance abuse dating back to 2000, when the family first became known to the agency. Reportedly, she is currently participating in substance abuse activities and is not seeking treatment; however, the mother and the youth maintain contact. The birth father resides in a separate home from the mother and was reported to be an alcoholic. The youth reported that she shares a closer relationship with her father and sees him on a regular basis. According to the review, it appears that the parents have not been a part of the case planning process.

### **Caregiver Status**

The ILP provides the youth with a one-bedroom apartment and ensures she is receiving the necessary training in preparation for independence. The program also provides daily monitoring of the youth's apartment and has staff available to the youth for support and assistance. There is someone designated for the youth to call whenever she needs someone to talk to and for emotional support; the youth reportedly feels comfortable talking to this person and discussing any problems she may have. Reportedly, the ILP staff participates in all the meetings in regards to the youth; however, they are relatively new to the team and have not had the opportunity to participate in many meetings.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The youth is doing extremely well and has taken advantage of all the opportunities and services offered to advance her education and to prepare for independence. The social worker has been on the case for approximately three years, appears to have been committed to the youth, and utilized all possible efforts to turn the case around and got the youth on the right path. According to the youth "I was terrible," but her social worker never gave up on her and she was able to make some positive changes in her life. There seemed to be very good coordination and leadership by

the social worker with team members throughout the case. Team members were all on the same page regarding their assessment and understanding of the youth and her permanency goal and personal goals. Due to the fact that the youth was doing so well, team members did not encounter any problems or conflicts either inside or outside of court.

The youth has very strong supports in the community and maintains a close relationship with her family, which will contribute tremendously to her success once the case is closed.

### **What's Not Working Now and Why**

Although everyone interviewed suspects that the youth was depressed, therapy was not being aggressively explored. It was also clear that the youth was having a difficult time dealing with her parents' substance abuse problems, and she did not know how to approach the issue. Furthermore, during the interview with the youth, it was obvious that she wished she did not have to deal with these issues and just get away from it all. The parents are no longer involved with the case planning process, and the social worker no longer has a relationship with the parents.

### **Stability of Findings/ Six-Month Prognosis**

Based on the review findings, over the next six months the youth's situation is likely to remain status quo. She will remain in the nursing program until graduation and is expected to continue to do well in her ILP until her case is closed.

### **Next Steps**

Social worker should re-engage the parents in the case planning process; explore substance abuse treatment and its impact on the youth's success in achieving her goals.

1. Schedule a meeting with the mother and the father to discuss the impact they are having on the youth's emotional well being.
2. Re-introduce substance abuse treatment to both the mother and the father.
3. Refer mother and father to the substance abuse specialist
4. Social worker to document her efforts to engage the parents.
5. Social worker to address the youth's depression related to her parents' substance abuse history and their lack of progress.
6. Schedule a meeting with the youth to explore her feelings around her parents' situation and the benefits of therapy.
7. Refer the youth for individual therapy.

## Quality Service Review Case Summary

### Case # 59

**Review Dates:** September 17-18, 2008

**Placement:** Foster home

**Persons Interviewed: (8):** Youth, foster mother, private agency staff (3), birth mother's attorney, AAG, and adoption recruiter.

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is an eight-year-old African-American female, who currently resides in a therapeutic foster home with two of her four siblings. Her permanency goal is adoption. The focus child had two previous foster homes prior to her current placement. The child has had sporadic contact with her birth mother over the past 18 months, although the mother has been present and attending visits since June 2008. The child has almost no contact with her birth father since being placed with in foster care; however, the father came with the birth mother on a recent supervised visit.

The focus child and three siblings came to the attention of the Child and Family Services Agency in 2002 due to unsanitary conditions of the home. It was reported that the children were physically abused, and food was never in the home. During a home visit in 2002, a child protective services investigator observed bruises on the children. It was uncovered that the birth mother abused both marijuana and cocaine. The focus child and two siblings were removed from the home and placed at an infant and maternal home. The other sibling was placed with a relative.

#### Child's Current Status

The focus child is described as outgoing, eager to learn, and a good reader. She also loves school. She was dressed neatly, was extremely coherent, and showed good cognitive skills. There were no reports of the child having discipline problems at home or at school. However, it was indicated that the focus child and a male sibling are often at odds with one another, sometimes getting into verbal and physical altercations. The team shared that the altercations are subsiding and there are no present threats of danger to either child. The focus child is planning to participate in cheerleading and begin music lessons at school. She is at the appropriate grade level and appears to be excelling in school. In addition, the focus child is given household chores, which she completes as asked.

The focus child has been in her current placement for approximately two years. She has an outstanding rapport with current foster parents. Several team members expressed this is the best placement for her while a permanent adoptive home is identified. Team members contend the focus child has continuously made progress since living in the present foster home. Team members reported that the focus child is current with immunizations and a physical; however, there was no paperwork to confirm the last visit to the doctor. The team members reported the

focus child attends therapy bi-weekly and is making progress with the therapist. Her behavior is more positive, and her ability to make and maintain friends has increased tremendously. It was reported that the focus child has an opportunity to visit with her mother during therapy sessions.

### **Parent Status**

The biological mother was unavailable for the review, even though she scheduled an interview time. Reports indicate that the birth mother is a substance abuser who has a history of missed appointments and positive drug tests. Currently, the mother does not have a fixed address, but it has been reported that she often stays with her oldest daughter. Since her children have been in the custody of CFSA, the birth mother has shown a propensity to disappear and resurface in the lives of her children. However, during the past three months she has been attending scheduled appointments. She does not have a car and has issues with using public transportation. Therefore, she can only attend meetings when her daughter gives her a ride.

The biological father has not been involved with the focus child since she has been in the care of CFSA. He came to a recent visit with the birth mother, which was the first time any team member had any contact with him. Efforts were made to meet with the biological father for this review; however, the biological mother indicated he was extremely sick and would not want to be involved in any meetings regarding his daughter.

### **Caregiver Status**

The foster parents are doing an excellent job providing care to the focus child and her siblings. They are extremely active with the children and have exposed them to different cultural and social activities. The foster parents are attentive to the needs of the children. Team members shared that both foster parents are active and supportive of the children. The foster parents are involved in the education of the children and attend school meetings and conferences as well as keep in regular contact with the school counselor.

The foster parent's home was neat and appeared conducive to meeting the needs of the children in the home. They are diligent at getting the children to their appointments in a timely fashion and encourage the children to participate in extra curricular activities.

The foster parents have known the children for nearly two years. The foster mother reported that the focus child has made tremendous progress with her social skills. She shared that the focus child has an outstanding relationship with the foster father. There appears to be an incredible bond between the children in the home and the foster parents. Adoption is the permanency goal in this case, but the foster parents have indicated they are not interested in adopting at this time because they would like to try and have children of their own before considering adoption. Efforts are being made by the recruitment team to identify an adoptive home for the focus child and her siblings.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

There are several strengths in this case. Engagement of the child is strong. The team has exhibited great knowledge of what level of services are needed for the focus child, and the child

is aware of the permanency goal of adoption. The social worker has taken the focus child and her siblings on outings and continuously encourages their participation in therapy, school, and extra curricular activities. The team has reached out to the birth mother to ensure that she has transportation to the visits.

Coordination and leadership is working well in this case. The team effectively works together to ensure that the reports, court appearances, and appointments are adhered to in a timely manner. The team has a good grasp on who to contact regarding specific concerns. It was evident that everyone on the team knew the social worker as the point of contact for information sharing and dissemination. The only concern as it relates to coordination is for the staff to clearly define the roles of the various staff members involved in the case.

Assessment and understanding of the focus child is a strength. Everyone on the team could articulate the permanency goal. In addition, the team members knew the skill level of the focus child, as well as the barriers and possible setbacks that the youth may incur if certain benchmarks are not met. The team has a good understanding of the youth's history and current status. They are aware of the nature of the relationship the focus child has with her brother and have collectively worked to improve the sibling relationship.

#### **What's Not Working Now and Why**

Overall, the team is providing exemplary services to the focus child and family. However, there were a few challenges. Permanency for the focus child is concerning. The permanency goal has been adoption since 2004. An adoptive home disrupted, which led to the focus child's current placement, where she has been for 19 months. The foster parents have indicated that they are not willing to adopt the three children. While there is active recruitment occurring through CFSA and another adoption agency, no families have inquired about the three children together, although they have inquired about the focus child by herself. There are issues with the older children questioning if they wish to be adopted at all, and they are at the ages of consent. The question for the team is: should the permanency of the focus child be sacrificed in order to keep the siblings together? Not achieving permanence would mean the focus child would spend 19 years in foster care. In addition, the team is hoping that the foster parents will change their minds. Since the children are very stable in this home right now, there does not appear to be urgency to address permanence. The longer the team waits to make a decision regarding permanence for this child, the more her chances of becoming adopted are diminished. Even if the goal was changed to APPLA for all of the children in order for them to remain in their current foster home, there is no certainty that this family will continue to provide for these children until they are 21. Someone on the team needs to initiate the difficult discussion around permanence for this particular child and how to proceed. It appears as team members are waiting for someone else to make the decision.

Another concern relates to future transition into a pre-adoptive home. If the team makes a decision about her permanency in terms of identifying an adoptive home just for her, there needs to be a very thoughtful plan for visitation and placement into the new family. The team should be able to process and address any feelings of anger, fear, and guilt around moving away from her siblings. In addition, the same issues need to be addressed with her siblings.

The lack of contact with the father is a barrier in this case. Even when the father was in the building for a supervised visit, staff did not reach out to him to discuss his child and his current circumstances. This father still has his parental rights, so the child welfare system should be attempting to engage him on a minimum of a quarterly basis.

Maintaining family connects is an area of refinement. The father has not been assessed or offered visitation. There appear to be other siblings not involved with the system, including the other child that was removed with the focus child and placed with a relative. It could be helpful to research where other siblings are and if they are appropriate to introduce to the focus child and her two other siblings.

**Stability of Findings/Six Month Prognosis:**

Based on the information, the focus youth will probably remain status quo.

**Next Steps:**

1. The private agency will provide clarity of the roles of each staff member involved in the case to various team members, including the AAG and the court, via a letter, meeting, or court report.
2. The private agency will reach out to the birth father to provide an opportunity for his involvement through the following tasks:
  - a. Attempt to gain contact information for the father from the birth mother within 30 days.
  - b. Complete a Diligent Search referral for the father within 45 days.
  - c. If Diligent Search locates the father, the social worker will, at a minimum, send the father a letter with contact information for the social worker and his attorney.
  - d. Social worker will reach out to the father via letter or in-person visits on a quarterly basis.
3. The social worker will attempt to locate information on siblings out of agency care by talking with the mother for information. If information is located, social worker will attempt to make contact with the person/caregiver and request a visit in order to assess the sibling.
4. Private agency will convene a meeting with the GAL, adoption recruiters, therapist, and other parties to initiate the discussion and planning around permanency for the focus child within 60 days.

## Quality Services Review Case Summary

### Case # 60

**Review Dates:** September 17-18, 2008

**Placement:** Foster home

**Persons Interviewed (4):** Child, foster father, social worker, AAG.

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus youth is a 16-year-old African American female, who resides in a foster home. She is the oldest of five children born to her mother, who died late in 2007. The focus youth has one younger sister who is also in foster care, as well as another younger sister and two younger brothers who have been adopted by non-related families.

The focus youth came to the attention of CFSA in March, 2001, after reports of neglect were made against the child's mother. The mother had a history of substance abuse and there was evidence of domestic violence between her and her paramour. At the time, the focus youth's two brothers were already in foster care from a prior investigation which also involved neglect and lack of medical care. She and one of her sisters had been living with their paternal aunt. Her youngest sister, who still lived with their mother, had not received medical care for almost two years. All of the children were removed from their caregivers and put in out of home placement. The focus youth initially was placed with her paternal aunt, but left that placement in June 2002. The aunt, it should be noted, had six children of her own and was unable to provide care to the two girls, primarily due to their behaviors, in particular their fighting and refusal to follow instructions.

Over the next several years their mother failed to benefit from services and visited only infrequently. The inconsistent contact was very hard for the girls. The focus youth's sister spent time in a residential center in another state between 2003 and 2005. During this time the focus youth was placed with a therapeutic foster parent, who had no intent of being a permanent placement for her. Her youngest sister was later placed in a pre-adoptive home in a nearby state and was adopted in 2004. At one time the focus youth was visiting regularly with the youngest sister's prospective adoptive parents, and the plan had been for this family to adopt her as well. However, this plan was abandoned in early 2005 after she (the focus youth) reported that the foster parent had hit her sister and she no longer wanted to be adopted by them. Even though the family agreed to participate in extra services and included the focus youth in family therapy sessions, the plan was changed due to her feelings about the situation.

The focus youth's biological mother and her grandmother died in December 2007. Her father is unknown.

### **Child's Current Status**

The focus youth is currently attending Ballou High school. She reported that she does not like school in general, and there are efforts to find a smaller school that would be more appropriate for her educational needs. Although she just finished eighth grade, she is functioning well below this academically, with one report showing that she reads at a second grade level. She is not taking any medications and has no health problems. Behaviorally, she continues to provide some challenges to her foster parents, for example by staying out past curfew and failing to bathe for days at a time. She expressed satisfaction with her current placement but does not get along with her foster sister, who is several years her junior.

The focus youth continues to have contact with her biological siblings. Her next younger sister recently was able to spend a few days at her foster home, a visit which went well according to the foster parents. She is not able to be placed with her siblings for a variety of reasons, including incompatible behaviors.

### **Parent Status**

The biological mother died in December 2007. Her father is unknown and his parental rights (as well as those of the mother) were terminated in 2005. However, a previously unknown individual appeared at the mother's funeral and claimed to be the focus youth's father. He has since disappeared. It is unclear what efforts have been made to identify or locate him.

### **Caregiver Status**

QSR reviewers were only able to meet with the foster father. The foster parents have cared for the focus youth since February, 2007 and signed an intent to adopt letter later that year. However, the adoption has not yet been finalized and the foster parents appear to be feeling some ambivalence about the commitment. The foster parents commented "we're still working on that".

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The focus youth is safe in her placement, which has been stable since early 2007. She continues to have contact with her biological siblings, a connection that appears to be important to her. The foster family is supportive of her contacts with her siblings and other extended family members, which have persisted even though three of her siblings are adopted. Efforts are being made to find an appropriate school setting for her and to maximize her chances of educational success. The foster parents have maintained a stable home for her and, despite the ambivalence mentioned above, remain committed to her. Until shortly before this review, she has had the same social worker for an extended period of time; however, the case had to be transferred as that social worker's caseload became too large.

### **What's Not Working Now and Why**

There has not been much movement towards finalizing the adoption in the last few months. While there does not appear to be an effort on anyone's part to delay the adoption, at the same time there is no momentum or interest to move it forward. The players seem to be content with the fact that the child is in a pre-adoptive home and is stable. Both the focus youth and the foster parents have expressed some reluctance or hesitation to move forward with the adoption. In fact,

the most recent referral on this case occurred in June, 2008, when the foster parent refused to allow her to return to their home after an argument. Although the agency was able to address the dispute and return the child to the home, the level of commitment seems strained. Rather than developing a plan to work through the issues that are preventing permanency (such as the child's behavior, her feelings towards adoption, and the prospective adoptive parents' concern about her behavior), it appears easier for all of those involved simply to wait for something to change.

The pre adoptive family does not appear to feel involved in the planning for the focus youth and is clearly frustrated with the lack of certain types of services. The most telling example of this is that she was not provided grief counseling following the deaths of her mother and grandmother last year, even though the foster parents specifically asked for it. The agency is aware of the request and does not seem opposed to the service, but there is a clear lack of urgency on their part to put the services in place. At the time of this review in September, the child was still not in therapy, even though the worker's notes indicated that she had submitted a referral for treatment in July and had followed up in late August when no reply was received from the therapist.

The foster parents reported that they were not aware of upcoming events on the case or of situations where decisions would be made. They were not even aware that there had been a court hearing on the youth's case the week before. They had a difficult time identifying who from the agency was responsible for the youth's case and what were the roles of the different players.

### **Stability of Findings/Six-Month Prognosis**

It is likely that there will be little change in the case over the next six months. While it is possible that certain aspects will see progress (for example, the issue of the focus youth's educational placement is likely to be resolved within the next few weeks), the lack of interest does not indicate that finalization will occur anytime soon.

### **Next Steps**

- 1) The social worker will work with the focus youth on understanding what it means to be adopted
- 2) The social worker will implement individual therapy services, to include grief and loss issues
- 3) The social worker will begin discussion of life skills planning
- 4) The social worker will attempt to engage foster parents in becoming a more direct part of the team
- 6) The social worker will explore utilizing the focus youth's family connections in discussions about adoption
- 8) The team will have a clear discussion of the steps to take towards the adoption goal

## Quality Service Review Case Summary

### Case # 61

**Review Dates:** September 15 -16, 2008

**Placement:** Foster home

**Persons Interviewed (14):** social worker, foster father, foster mother, youth, youth's younger brother, birth mother, birth father, AAG, mother's attorney, mentor, GAL, educational advocate, FTM coordinator, and community support worker.

The previous CSI worker was unable to keep the scheduled appointment, and the office phone for the youth's tutor was out of order for the two days of the review.

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus youth is a 17-year-old African-American male who resides with his 16-year-old brother in a foster home, where they have resided for over nine years. The birth mother was released from prison the week prior to the review and had returned to the DC area. The youth's father is incarcerated out of state until approximately 2011. He does not have any contact with the youth or his brother. Both parents were incarcerated due to criminal charges stemming from the death of the paternal grandmother. The focus youth has two younger sisters who were adopted. They have minimal contact with these sisters.

The focus youth came to the attention of CFSA in 1993. Since that time, this case has been opened and closed several times due to reports of neglect, substance abuse, domestic violence, mental health issues, poor school attendance, and unsafe living conditions. In 1999, CFSA visited the home and found the children were being neglected and the home was unsafe. The focus youth and his three siblings were all removed and placed in foster care. The focus youth's permanency goal is APPLA.

The youth has a history of stealing the foster parents' cars and damaging them in the process. The focus youth and his younger brother were arrested earlier this year for stealing clothing from a major department store. This store did not prosecute the theft charges, as the boys are to pay for damages.

Case management is provided by a private foster care agency. Within the last 90 days the youth has received the following services: tutoring; mentoring; CBI therapeutic services, community support services, and a medication management/follow-up appointment. The youth is supposed to be in individual therapy and possibly family therapy with the foster parents.

The focus youth had a psychiatric evaluation completed within the past two years. His diagnoses are as follows: Dysthymia; ADHD Hyperactive-Impulsive Type (by history); and Learning Disorder, NOS.

### **Child's Current Status**

The focus youth is described as a quiet, well mannered, and friendly teenager. He is said to have anger management issues, as he “bottles things up until he explodes.” Team members indicated that when the youth expresses his anger he can destroy property (punching holes in the walls, breaks doors, etc.), although team members were unable to identify the last time he had an outburst. The youth is also described as a follower, especially when it relates to his younger brother.

The youth has resided in his current placement for approximately nine years. Recently, the foster parents have given their 30-day notice for removal several times but have not followed through with it. Team members report that the boys have “learned to live” with the threats of removal. Multiple team members feel that this placement could disrupt in the future and have the mindset that the placement should be changed anyway. This lack of stability puts the youth's permanency prospects of remaining in a home that will continue until the age of 21 into question.

Within the last 30 days, the youth appears to have had average behavior in the foster home. The foster parents indicated that they cannot control his behavior, yet they were unable to provide details for an incident in the past month. Most of the incidents occurred outside of the period under review. The social worker conducted her own Family Team Meeting (FTM) where a behavioral contract was developed for both boys, although the major current behavioral difficulties are with the younger brother. In addition, CFSA completed an FTM. Team members expressed concern that the foster parents do not follow through with the consequences for negative behavior and that this lack of consistency is a major contributing factor in the boys' behavioral issues.

The focus youth is in the 11th grade at the vocational high school he has attended for three years. All team members feel that this is the best academic placement for the youth's needs, especially as he is learning a trade and is interested in carpentry. Since the beginning of the school year (less than 30 days), the focus youth has skipped school one time. Other than that there have been no behavioral concerns while he is in school. No one expressed any concerns related to his safety at school. The focus youth receives mentoring and tutoring, which he reports enjoying.

The social worker and the caregiver indicated that the focus youth has current medical, vision, and dental evaluations. There are no current medical concerns related to the youth. Historically, the youth has been prescribed psychotropic medication. He currently refuses to take any medication stating that they do not work and they made him gain weight. The treating psychiatrist has met with the youth and has agreed to stop the medication for now. The youth is 17 years old and cannot be forced to take prescribed medication.

Regarding life skills development, the focus youth is able to Metro, do his laundry, and microwave meals. He is said to need assistance with budgeting, shopping, and making long term decisions. Multiple team members said that the focus youth is in no way ready to live independently. The youth was supposed to attend the Center for Keys for Life, but he never received transportation from the foster parents. The month of this review, the previous court order for CKL was vacated as the court found that five days of tutoring per week was more important.

### **Parent Status**

As previously reported, the birth mother was released from a 10-month incarceration in a federal prison out of state. She returned to the District and is currently residing in a homeless shelter. She is diagnosed with Bi-Polar disorder and is supposed to be taking several medications. She reported that the prison was supposed to mail her medications to a local shelter where she was supposed to be staying, but when she arrived they did not have an available bed for her. She is unsure where her medication may be. Upon her return to the area she immediately had contact with the focus youth and his brother. The foster parents transported the boys to visit their mother that week and reportedly gave her a cell phone. The mother is said to have cognitive delays herself. She and her husband, the youth's father, have a history of domestic violence. The mother reports having contact with the youth's GAL during her incarceration. She did not have any contact with any social workers. She reports not having good communication with her attorney.

The birth father is presently incarcerated in a federal out-of-state prison. He reported that no one, including his attorney or the children's social worker, has contacted him since his incarceration. He stated that he would like to write or call his sons, but he has no contact information for them. He stated that he would like his attorney to contact him regarding both his criminal and child welfare cases.

### **Caregiver Status**

Various team members find the foster father is more emotionally connected to the boys, while the foster mother was described as less emotionally connected. While several team members were very reluctant to speak negatively of the foster mother, several people find that her expectations and demands are too high for what the boys are capable of doing due to their trauma history and their developmental stage of adolescence. Multiple team members indicated a concern that the foster parents are not completely honest with everyone about what happens within their home, which appears to have led to a lack of unity in planning for the boys.

The foster parents have repeatedly given their 30-day notice for removal of the boys but have always withdrawn the request, causing instability for the boys. They complain about the boys' behavior, yet they, as parents, have not followed through with agreed-upon consequences. Even when professionals have attempted to teach the foster parents various tools to address/manage the boys' behaviors, they do not follow through. It is felt that if the boys can suffer through the "fussing" they can basically do what they want to do without consequence. For example, one of the agreed-upon consequences for the younger boy is to take away his cell phone if he does not go to school. During the review this teen had been suspended from school again, yet he had his cell phone and was also out with his friends. One team member sounded very defeated when she questioned, "I don't know why we even bother. How can there be change if the adults won't do anything differently?"

Team members said that despite some of the challenges, the family does a great deal for the boys. They participate in school meetings and court hearings, yet team members find that their participation is not always honest. They have attended case planning and FTM meetings at CSFA and the private agency. The foster mother has recently gotten a new job, which has impacted her ability to take the focus youth to appointments (i.e., medical and Keys for Life.)

## SYSTEM PERFORMANCE APPRAISAL SYMMARY

### **What's Working Now**

There are several strengths within this case. Engagement of the focus youth is positive. He attends case planning meetings, signs his case plan, attended two FTMs, participates in mentoring, tutoring, and community support services, and reportedly has a positive relationship with these providers. He indicated that the social worker and the community support worker have asked his opinion on various things, including what he wants from life. He reports having a positive relationship with the GAL, due to the GAL taking him places, visiting the home, calling him back (a very important issue for this youth), and for "getting me out of trouble" in the past. He cited the shoplifting and car theft incidents.

Despite challenges in team formation and functioning, the new social worker has really attempted to become the leader and point of contact for services. She has attempted to reach out to all the parties and has taken the lead in terms of creating a behavior plan for the focus youth and his brother. She has increased her visits in the home and has scheduled her own FTM/case planning meetings in order to better work with the family. Team members felt that the worker "jumped into the case" and was "trying new things" with the boys; however, even with this praise, several team members followed up their statements with "she's new and she's young."

Most team members appear to have a good overall assessment and understanding of the focus youth – his deficiencies, his strengths, his history, and the needs for his future. In addition, most team members had a strong overall, albeit historical, assessment of the birth parents. For example, despite the lack of contact with the birth father, team members appear to have a good assessment of who this man is (violent and manipulative with a propensity to not take responsibility for his own behavior) and how he has impacted the case.

### **What's Not Working Now and Why**

The engagement of the birth parents is poor. The birth mother has returned to the area from prison and is homeless. She does not have access to her medication and is already having daily contact with her children without the social worker's knowledge. The GAL was the only person to have contact with the mother while she was incarcerated. The mother appears to have a strong connection to the focus youth and his brother, and if she were engaged in the planning process for the boys, she would potentially be a positive influence on them.

The lack of contact with the father is a barrier in this case. The birth father indicated that he had not been contacted by any child welfare social worker since his incarceration, and he has attempted to reach out to his attorney to no avail. Even though this father is incarcerated, he still has his parental rights, so the child welfare system should be attempting to engage him on a minimum of a quarterly basis. The lack of communication with the birth parents impacts case planning and service implementation. In this case implementation for the mother is limited.

Team formation and functioning is very poor due to there being pods of team members who appear to be working against each other in order to accomplish their own agendas. There are clear biases against one another, especially the "new" and "younger" social worker. Many team members who have been on the case for several years appear to have an "I know what's best"

attitude. Team members expressed hesitancy and anxiety in sharing their real thoughts of the case. Team members give lip service to “working together,” but their actions demonstrate otherwise, especially in court. This lack of unity in teaming negatively impacts case planning and implementation for the family, as they cannot agree on services, frequency, visitation, or placement. The birth parents and parents’ attorneys are not engaged. Despite those issues, there appears to be positive communication within the different pods of team members. Examples of this can be seen with the “team” of the GAL, judge, and foster parents, and another “team” of the social worker, tutor, community support worker, and previous CBI worker. The service providers (tutor and community support worker) seem to be able to enter various teams without much trouble, yet they are highly aware of the dynamics of the group as a whole.

While the focus youth has been given a plethora of services, there is great fear he will become overwhelmed and stop participating in everything. CBI services have been ordered to continue, regardless of the fact that the CBI worker felt that the family had achieved the established goals. The youth receives five days of tutoring, mentoring, weekly visits from the social worker for stabilization purposes, and supervised visits with his mother; individual and family therapy are reportedly going to start soon. One team member indicated that, while all of these services are “necessary in a way, we’re going about it the wrong way. Too many services could very rapidly deter the boys from participating.”

Family court interface appears to be the biggest challenge in this case, a challenge that will more than likely not change. All parties indicated that the judge is the driving force/decision maker. Team members reported that the judge has no respect for the social worker and has made that abundantly clear. The judge has stated on the record that whatever the foster parents say is to be believed, regardless of any evidence to the contrary. Interviewees appeared reluctant to share the totality of their thoughts/feelings in this case, especially anything that could be seen as negative against the foster parents. Several people stated that they were unsure of “how to answer questions the right way.” One person indicated that it was not wise to disagree with the judge because “then you would be down there where the social worker is.” One team member said that the court atmosphere would only change if the judge were no longer on the case.

Some decisions appear to be made without a clear assessment of the needs of the focus youth and his brother. An example of this is the court order for five days of tutoring for both boys. The focus youth attends a vocational program, where he is doing average in school. While he has improved with tutoring, there is no apparent need for him to have five days of tutoring per week. The youth’s brother is described as very smart; however, he chooses to not do his work or go to class. He was just expelled from all county schools, yet still attends daily tutoring all day. Basically the tutor is a babysitter. In addition, Keys for Life is now not considered a necessity for this 17-year-old focus youth because the judge feels that tutoring is more important. Because team members do not appear to be fully honest in court, team members feel that the judge makes decisions with incomplete/inaccurate information. Multiple team members expressed the need for some decisions to be made on a clinical basis and with regard to the boys’ developmental stage of adolescence.

### **Stability of Findings/ Six-Month Prognosis**

Given the supports involved in this case and the list of challenges, the focus youth will probably remain status quo over the next six months.

### **Next Steps**

1. Social worker will attempt to engage the birth mother in the case planning process through face-to-face visits, telephone calls, or letter on at least a quarterly basis.
2. Social worker will attempt to engage the birth father in the case planning process through telephone calls or letters on at least a quarterly basis.
3. Social worker will attempt to document conversations with team members, especially the foster parents and GAL, through summary emails or letters.
4. The private agency shall have a meeting with the foster parents regarding the expectations of their following through with the behavioral plan and consequences outlined in the behavioral plan written for the family. In addition, the private agency shall address their concerns regarding the foster parents making conflicting statements to the agency and the court regarding their desire to care for the boys and the boy's behavior.
5. Social worker will continue to attempt to form a more efficient working team through face-to-face meetings and email chains, so that all team members are kept in the loop regarding the boys and this family.
6. Unfortunately, the judge is the driving force in this case and it is unlikely that that will change. It is recommended that the social worker maintain consistent contact with the assigned AAG in order to continue to document on the record events/recommendations on behalf of the focus youth and his brother.

## Quality Service Review Case Summary

### Case # 62

**Review Dates:** September 15-16, 2008

**Placement:** Kinship foster home

**Persons Interviewed (10):** supervisor, GAL, AAG, father's attorney, child's therapist, paternal grandmother/caregiver, paternal grandfather, mentor, child, and agency clinical director.

### CHILD & PARENT STATUS SUMMARY

#### Family History

The focus child is an almost-12-year-old African-American male who resides with his paternal grandmother. The focus child also has two older sisters in care, one almost 15 who is in residential treatment, and an almost-13-year-old who resides with their paternal grandfather and will soon achieve guardianship. A younger sister resides with the birth father and his wife and baby. There are two paternal uncles, one single in his 20s, the other in his 30s who was recently married. The birth mother has not been involved with the child for some years, and there is no involvement by maternal relatives.

In July, 2001 the children were removed from the home of their birth mother due to unsanitary and unsafe conditions and the mother's chronic substance abuse issues. Once her home was licensed, the focus child and the sister closest in age were placed with their paternal grandmother, where the focus child has resided ever since. The grandmother is divorced and employed full time. The permanency goal for the focus child was initially reunification with the birth father, while for his sister it was guardianship with the grandmother. When reunification with the father failed to occur, the grandmother filed for guardianship of both children. However, she later rescinded her petition for guardianship, as she felt overwhelmed by parenting two very emotionally needy and demanding children who exhibited significant sibling rivalry. She requested that the focus child be removed, and the paternal grandfather, who is retired and remarried, agreed to assume custody. The grandmother later decided she preferred that the sister move to the grandfather's instead, a move completed almost a year ago.

A year ago, the grandmother requested removal of the focus child as well. A potential foster family was identified two months later, but the child sabotaged the trial visit and remained in his grandmother's home. Five months ago, she again requested removal, but when informed in June that a potential home had been identified, reversed her position, stating that if the child's behavior improved he might stay with her or that perhaps someone in the family would step forward. The child's permanency goal was changed from guardianship to adoption, and a TPR motion was filed but is being held in abeyance. At present the grandmother is evaluating the child's progress and determining whether or not she will proceed with guardianship.

#### Child's Current Status

The focus child is an engaging 7<sup>th</sup> grader of normal intelligence who is currently doing well in his new middle school, although he is experiencing some difficulty with math. He is healthy,

and medical and dental evaluations are current. He has a diagnosis of ADHD, for which he receives medication, but it is unclear whether or not he is fully compliant with his medication regime. He also has a diagnosis of Oppositional Defiant Disorder. He has weekly appointments with a psychiatrist, although he generally is seen only two or, at most, three times a month. He is described as having difficulty focusing in class or sitting still, occasionally refusing to follow instructions and having verbal outbursts, and as sometimes behaving in a very immature manner for his age. There has not been a psycho-educational evaluation, nor have specific accommodations been arranged for at school.

In July the youth was expelled from his summer program for bringing a knife. He claimed that he took the knife to protect himself from a bully, but other students claimed that he took it out and stated that he was going to stab a girl he had a crush on who did not return his interest. At the time of the incident he also expressed some thoughts of hurting himself and some obsessive thoughts about horror movies. He was evaluated by his psychiatrist, who did not believe he was a threat to himself or others or required hospitalization. The child stayed with his grandfather until an alternative summer program was identified, at which he apparently did well.

The first month of middle school has been successful and the young man states that he likes this school much better than his old school. He has exhibited more responsible behavior: getting himself to school on time, following the rules for after school time, and consistently completing his homework.

The focus child and his sister closest in age visit frequently, including overnight and weekend stays, at both the grandmother's and grandfather's homes and, while their relationship continues to be troubled, there appears to be a slight reduction in conflict. There is clearly a strong bond between them, and the child proudly showed many pictures of his sister to the reviewers. There is no visitation with the sister in residential treatment and virtually none with the sister and half-brother who reside with the birth father.

The focus child's placement stability and path to permanency are a major concern in this case. As noted above, the grandmother has been highly ambivalent about continuing to care for the child and has made any commitment contingent on his consistent good behavior. He is very aware of this fragile placement and is sensitive to the fact that while family members have volunteered to care for many of his sisters, no one appears willing right now to make a commitment to him. He reportedly called an agency social worker recently and indicated that he was now willing to consider adoption, although his deep bonds to his sister and grandparents will make placement outside the family problematic.

### **Parent/Caregiver's Status**

The birth mother has had no involvement with this child for many years. However, she has recently indicated that she is interested in reinvolvement with her oldest daughter and visited briefly with the sister who lives with the grandfather. She has not expressed interest in seeing the focus child.

The birth father at one time considered assuming custody of the focus child. However, after the child reported that his stepmother had spanked him, there was a child protection investigation.

The charge was deemed unsubstantiated, but the stepmother then refused to consider having the child in her home. Since that time there have been very few visits with the father, and those that do occur are in one of the grandparents' homes. The focus child has also indicated that he does not want to visit at the father's home, as the customs in that home are very different from those with which he has been raised.

The paternal grandfather is a very important person in the child's life, offering a steady presence and an excellent male role model. He, his wife, and granddaughter live in a small, two-bedroom house with little room for a second child to reside. The granddaughter and wife are also having a difficult time adjusting and are participating in family therapy in an effort to stabilize their relationship. The grandfather has a deep commitment to the child but does not feel that his own family could absorb him fully at this time, although he is consistently available for respite.

The grandmother has suggested that her oldest son, recently married, might at some time step forward, but there is little indication of more than a very casual relationship between that uncle and the child.

### **Caregiver Status**

The grandmother clearly loves her grandson, but as a grandson; she does not seem interested in truly becoming his parent. She provides a home, food, and many luxuries but does not take on a full parenting role – e.g., assume responsibility for getting the child to therapy and interacting with the therapist, reaching out to his school, making an effort to know his friends. She expresses that she has raised her children, is near retirement, and would like more freedom. While she firmly believes that the child should remain within the family, she continues to express reluctance to make a permanent legal commitment herself and has let the child know that her willingness to have him stay is contingent on his behaving as she expects. She understands that he is approaching adolescence and all that entails and does not appear willing to go through even the usual turbulence of that period.

## **SYSTEM PERFORMANCE APPRAISAL SUMMARY**

### **What's Working Now**

The agency has made fair or good efforts to engage the child, his father, and other family members in service planning and discussions about permanency options. The family members also seem to trust the social workers and other agency representatives with whom they have worked, allowing for healthy working relationships, even if some of these staff members are no longer employed by the agency. Appropriate family members typically attend staffings, court hearings, administrative reviews, etc, though there are sometimes vital family members missing from these events. Family strengths are being emphasized by the agency, and one of these strengths is that the family convenes meetings on its own to discuss the child's future.

Records indicate that the social work staff has completed thorough assessments of the father and other family members. The agency staff have a solid understanding of the child's relationship with his father and his father's involvement in his life. The staff also recognizes the strengths and weaknesses of many of the other family members and the family dynamics that are so relevant to

planning in this case. Many family members have been involved in developing the steps to achieving permanence and the agency has initiated family team meetings.

Although there is room for refinement, family court interface is working at an acceptable level. Family members report that they are involved in the decision-making process with the court and representation of all parties appears adequate.

### **What's Not Working Now and Why**

This case is not currently on a pathway to safe case closure. The goal, frequently changed in the recent past, is not clearly achievable, nor are there alternative and concurrent plans in place for the permanency of this case. All family members with whom we spoke, including the grandmother, agree that permanent placement with the grandmother or within the family would be the best option. However, the grandmother has concerns about limitations to her freedom if she were to remain his primary caregiver and has clearly expressed that she is not prepared to keep the child if there are behavioral problems. The other family members seem to be in denial about the grandmother's concerns, convinced that she will somehow manage to continue in her role as the child's caregiver. Further, since the case has dragged on so long without a significant push for permanency, the family appears not to take seriously that adoption outside the family will actually be pursued. This denial keeps the case from moving forward on a pathway to permanency and safe case closure. Substantial improvement is needed in this area.

There has been frequent turnover in social workers assigned to this case. The case is currently being carried by the supervisor, and it is not yet clear who will be assigned as the social worker or when that will occur. While the supervisor was very cognizant of the dynamics of the case, she was unclear about a number of specifics, such as: whether the child has been receiving in-home therapy (he has not), whether family therapy had been initiated with the grandmother and child (intake interview took place some months ago, but no follow through), or that there is a paternal uncle whom some members of the family view as a placement option. A family team meeting was held in July, but neither the supervisor nor the clinical director was able to attend; the social worker who attended is no longer with the agency, and the record was incomplete as to attendance, topics and outcomes. Transitions are not being planned for in an adequate and realistic way. Service providers such as the child's therapist are also left out of the discussions about the case plan at times. For example, the therapist was unaware that a move from the grandmother's home was anticipated or that a trial visit with a family was to occur and thus was unable to help prepare the child. Feedback from the child's mentor has not been obtained or considered. Timelines, roles, and assigned responsibilities could be made clearer. Specific areas that need immediate coordination by the social worker include therapy, tutoring, and educational evaluations. The lack of stable leadership has taken its toll on this case, and the newly-assigned worker will need to take quick action to comprehend the history and complexities of this case.

There are several family members who have not been involved to the extent that they could be, including the older paternal uncle and his spouse, the stepmother, and the father. Once brought together, however, this family does function as a sound decision-making team, and some family members mentioned that the family convenes its own family meetings after the agency-sponsored convenings. The grandfather is clearly the leader of this team that has a history of quickly solving problems that arise in regards to the children's well-being. Further, there has not

been adequate communication among all parties as to the appropriate next steps should the grandmother not proceed with guardianship. Specifically, one party is planning to pursue transfer of the child to an interim foster home until an adoptive home is identified, while relevant professionals do not believe that this would be in the child's best interests and instead believe it would in fact do significant harm, and the family is unaware of the proposal.

Although the child has a diagnosis of ADHD and reportedly has had significant difficulty learning in a traditional classroom, there has not been a psycho-educational assessment to determine if any classroom accommodations should be implemented. In addition, the child needs a tutor, and both he and his grandmother have requested a math tutor as soon as possible so that he does not fall behind. Some issues with the child's immaturity that need to be recognized and addressed by the full team were raised by one person interviewed. Although the psychiatrist determined that the summer school incident with the knife was not serious, attention should be paid to understanding what the child is thinking about girlfriends and relationships, as a girl was allegedly the source of this conflict. He mentioned that he has five girlfriends, and it is possible that these early expressions of mature relationships could lead to problems if other members of the team are not aware of his needs and behaviors.

Visits between the child and his oldest sister, in addition to the two younger siblings who live with his father, are vital to maintaining his connection to family members. Resuming the monthly visits with his father and working to facilitate his relationship with his stepmother is also recommended. To improve the quality of visits between the child and his closest sibling, there should be some family/sibling therapy put into place. The two siblings clearly care for one another and have a strong bond that could be strengthened with some improved communication skills.

There is inadequate communication between the grandmother, child, and the psychiatrist about his medication. The child and his grandmother have decided it is acceptable for him to not take his medication on weekends without consulting his psychiatrist.

### **Stability of Findings /Six-Month Prognosis**

The six-month forecast is that the case will remain status quo. If at the next court hearing, scheduled for January 2009, the grandmother does not commit to permanency, a concrete plan for adoption is likely to result. However, given the child's age and the lack of preparation of either the child or family for this step, neither adoption nor placement with another relative is likely to occur within the next six months. Even if the grandmother does agree to file for guardianship once again, it will not be achieved within six months. Further, based on her statements and past history, she may not in the end follow through. The status of the case can be projected to decline if the child is not maintained within his family, most particularly if an intermediate move to a non-preadoptive foster home occurs.

**Next steps** [Note: As there is currently no social worker assigned to this case and may not be one for some time, next steps are recommended to the supervisor carrying the case.]

1. The supervisor will immediately convene a family team meeting, including the child's older paternal uncle and spouse, who have not previously been active decision-makers in

this case. At this meeting, the entire family should be presented with the options that are available to them, stressing that the result of the next court hearing could likely be removal of the child from his grandmother's house into a foster or pre-adoptive home.

2. The supervisor will arrange visits between the child and his older paternal uncle and spouse, most likely at one of the grandparent's homes.
3. Family therapy will be arranged for the child and his grandmother, and separately for the child and his closest-in-age sister.
4. A new therapy appointment time will be provided, as the child is now regularly required to miss English class for his therapy appointments. The supervisor will facilitate better communication between the therapist and the grandmother and will ensure that issues of medication management are addressed so that all three parties have the same understanding and expectations.
5. A psycho-educational evaluation will be conducted.
6. The supervisor will facilitate visits between the child, his father, his stepmother, and his two siblings in that household so that his connection to these family members is strengthened. Special attention will need to be given to the relationship of the child and his stepmother, which has presented some challenges in the past.
7. The child will be provided a math tutor.
8. The supervisor will immediately inform the child and his grandparents about the departure of the former social worker, provide information on who will be the new worker, and will ensure that adequate notice is given to the grandparents prior to visiting their homes.